

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90045 033 ***150.00

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DOCUMENT # P95000045385

1. Entity Name
ROYAL DRY CLEANERS, INC.

Principal Place of Business 3617 CROWN POINT ROAD SUITE 1 JACKSONVILLE FL 32225 US	Mailing Address 3617 CROWN POINT ROAD SUITE 1 JACKSONVILLE FL 32225 US
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2. Principal Place of Business 13245 Atlantic Blvd.	3. Mailing Address
Sub. Apt. #, etc. # 2	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State
Zip 32225	Country USA



6. Name and Address of Current Registered Agent
**HERNANDEZ, MEREDITH A
 3617 CROWN POINT ROAD
 SUITE 1
 JACKSONVILLE FL 32257**

4. FEI Number 59-3324285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Meredith Hernandez* DATE: **2/7/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, BRIAN D PO BOX 24688 JACKSONVILLE FL 32241	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, BRIAN D 13501 PRINCESS KELLY DRIVE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARSH, MELANIE 13501 PRINCESS KELLY DRIVE JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLOWELL, WILLIAM G 1593 W. COUNTRY CHARM LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWELL, SHELIA 2343 INDIAN SPRINGS DRIVE JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWELL, SHELLA 1593 W. COUNTRY CHARM LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William G. Hollowell* - **WILLIAM G. HOLLOWELL** DATE: **4-5-01** DAYTIME PHONE #: **288-8999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)