## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000029750

1. Entity Name

**FILED** Feb 09, 2000 8:00 am Secretary of State

|   |   | RY CLEANING OF TAM   |  |                  | 02-0   | 2000 20050          |                         |                                   |               |
|---|---|--|--|------------------|--|---------------------|-------------------------|-----------------------------------|---------------|
| Principal Plac  | ce of Business  | Mailing Address  |  | <del>.</del>     |  |                     |                         |                                   |               |
| 5924 18TH AVENUE NORTH<br>ST. PETERSBURG FL 33710   |   | 5924 18TH AVENUE NORTH<br>ST. PETERSBURG FL 33710-5014                           |  |                  |  |                     | पर्या आहे. व            | <b>.</b> w w                      |               |
| 2. Principal Place of Business  Suite, Apt. #, etc.  City & State   |   | 3. Mailing Address Suite, Apt. #, etc.   |  | 1                | DO NOT WRITE IN THIS SPACE  4. FE! Number 59-3375007  Applied For This Space 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) ( |                     |                         |                                   |               |
|   |   |  |  | i                |  |                     |                         |                                   |               |
|   |   |  |  | 4.               |  |                     |                         |                                   |               |
| Zip   | Country   | Zip .  | Country  | 5.               | Certificate of   | Status Desired      |                         | <u> </u>                          |               |
|   | 6. Name and Address of Curre  | nt Registered Agent  |  | 7.               | Name and A   | ddress of New Re    |                         |                                   |               |
| Commence Com |   |  | Name   |                  | مسمى ديبرين  |                     | ~ . ~                   |                                   | د محدر بردد . |
| 592   | (Worth, Pam<br>4 18th Avenue North  | Street Addre   |  | dress (P.O. 8    | ss (P.O. Box Number is Not Acceptable)   |                     |                         |                                   |               |
| ST.   | PETERSBURG FL 33710   |  | City   |                  |  |                     | FL.                     | Zip Co                            | de            |
| 8. The above  | e named entity submits this statement   | for the purpose of changing its  | s registered office or re  | eaistered ac     | ent, or both.  | in the State of Flo |                         | <u>l</u> .                        |               |
| or mouson   | o manda aminy additional time and amin'n  |  | - · · <b>- ·</b> · · · · · · ·   | -0               | , ,  | ,                   |                         |                                   |               |
| SIGNATURE   |   |  |  |                  |  |                     |                         |                                   |               |
| Old I Oli Citt  | Signature, typed or printed name of registered age  | ent and title if applicable. (NO   | TE. Registered Agent signature   | required when re | sinstating)  |                     | DATE                    |                                   |               |
|   | Signature, typed or printed name of registered age  |  | TE. Registered Agent signature   | !                |  |                     |                         |                                   |               |
| 9. This corp  | Signature, typed or printed name of registered age<br>poration is eligible to satisfy its Intangit<br>requirement and elects to do so.  | ple FILE NOW<br>After MAY 1, 20  | !!! FEE IS \$150.00<br>000 Fee will be \$55  | 0.00             | 10. Electi   | ion Campaign Fin    | ancing                  |                                   | 00 May        |
| 9. This corp<br>Tax filing<br>(See crite  | Signature, typed or printed name of registered age poration is eligible to satisfy its intangit requirement and elects to do so. eria on back)  | offe FILE NOW After MAY 1, 20 Make Check Payal                                   | !!! FEE IS \$150.00<br>000 Fee will be \$55<br>ble to Department o   | 0.00<br>of State | 10. Electi<br>Trust  | Fund Contribution   | ancing                  | Ádde                              | ed to Fees    |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OTRECTOR

727-393-8778

Daytime Phone #