


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91053 020 \*\*\*150.00

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<b>DOCUMENT #</b> P96000090821	
<b>1. Entity Name</b> NASSAU DRY CLEANING, INC.	

<b>Principal Place of Business</b> 2156 SADLER RD FERNANDINA BEACH FL 32034	<b>Mailing Address</b> <del>1829 PIRATES POINT ROAD</del> <del>YULEE FL 32097</del>
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 2156 Sadler Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b> Fernandina Bch FL
<b>Zip</b>	<b>Country</b>
32034	



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3412232	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
LEPRELL, SAMUEL L 1930 SAN MARCO BLVD. SUITE 201 JACKSONVILLE FL 32207	
<b>7. Name and Address of New Registered Agent</b>	
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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<b>NAME</b> MORRISON, HARRINGTON W	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1829 PIRATES POINT RD	<b>CITY-ST-ZIP</b> YULEE FL 32097		
<b>TITLE</b> STD	<b>NAME</b> MORRISON, CAROLINE B	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1829 PIRATES POINT RD	<b>CITY-ST-ZIP</b> YULEE FL 32097		
<b>TITLE</b> AS	<b>NAME</b> LEPRELL, SAMUEL L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1930 SAN MARCO BLVD., STE. 201	<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Samuel Leprell **4/19/03 904 261-2077**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)