

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91180 006 \*\*\*150.00

**DOCUMENT #** P97000005776  
1. Entity Name  
SUN BRIGHT CLEANERS, INC.

**DO NOT WRITE IN THIS SPACE**

**90129946**

2. Principal Place of Business  
4600 SUMMERLIN ROAD  
Suite, Apt. #, etc.  
SUITE A-1

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
FORT MYERS, FL  
Zip  
33919  
Country  
USA

4. FEI Number  
65-0721748  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
MARK D CREIGHTON  
Street Address (P.O. Box Number is Not Acceptable)  
4600 SUMMERLIN ROAD  
SUITE A-1  
City  
FORT MYERS  
FL  
Zip Code  
33919

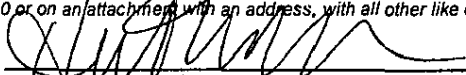
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                          |                 |  |
|----------------------------|--------------------------|-----------------|--|
| TITLE                      | D                        | TITLE           |  |
| NAME                       | MARK D. CREIGHTON        | NAME            |  |
| STREET ADDRESS             | 4600 SUMMERLIN ROAD, A-1 | STREET ADDRESS  |  |
| CITY - ST - ZIP            | FORT MYERS, FL 33919     | CITY - ST - ZIP |  |
| TITLE                      | D                        | TITLE           |  |
| NAME                       | HEATHER POULSON          | NAME            |  |
| STREET ADDRESS             | 4600 SUMMERLIN ROAD, A-1 | STREET ADDRESS  |  |
| CITY - ST - ZIP            | FORT MYERS, FL 33919     | CITY - ST - ZIP |  |
| TITLE                      |                          | TITLE           |  |
| NAME                       |                          | NAME            |  |
| STREET ADDRESS             |                          | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                          | CITY - ST - ZIP |  |
| TITLE                      |                          | TITLE           |  |
| NAME                       |                          | NAME            |  |
| STREET ADDRESS             |                          | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                          | CITY - ST - ZIP |  |
| TITLE                      |                          | TITLE           |  |
| NAME                       |                          | NAME            |  |
| STREET ADDRESS             |                          | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                          | CITY - ST - ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.  
SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4-30-03  
Daytime Phone #

CR2E034B (12/02)