

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039544

1. Entity Name

CLASSIC TOUCH DRY CLEANERS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90293 003 ***150.00

Principal Place of Business	Mailing Address
3617 CROWN PT RD SUITE #4 JACKSONVILLE FL 32257 US	3617 CROWN PT RD SUITE #4 JACKSONVILLE FL 32257-9010 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3617 Crown Point Rd. Suite, Apt. #, etc. SUITE #1	3. Mailing Address P.O. Box 24668 Suite, Apt. #, etc.
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32257	Country USA

4. FEI Number 59-3445746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERNANDEZ, MEREDITH ALLEN 32257 CROWN PT RD #4 JACKSONVILLE FL 32257	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3617 CROWN POINT RD SUITE #1 City Jacksonville FL Zip Code 32257
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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 Allen Hernandez M.A. Hernandez DATE 3/31/00
(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, 2000 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	PD ALLEN, ROBERT N 36Y17 CROWN PT RD #4 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 24668 3617 Crown Point Rd #4 JACKSONVILLE FL 32241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALLEN, VANESSA 3617 CROWN PT RD #4 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 24668 JACKSONVILLE FL 32241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, MEREDITH ALLEN 3617 CROWN PT RD #4 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 24668 JACKSONVILLE FL 32241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Vanessa Allen 3/31/00 904-288-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)