

~~1999~~ Amended
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 97000057 836**

1. Entity Name

SPRINGS CLEANERS OF LAKE MARY, INC.

Principal Place of Business

Mailing Address

**4165 W. LAKE MARY BLVD.
LAKE MARY, FL 32746**

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3466 866

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHUCK SCHMALMAACK
362 CROTON DR
MAITLAND, FL 32751**

Name

JOSE LLAMA

Street Address (P.O. Box Number is Not Acceptable)

4262 SANDHURST DR

City

ORLANDO

FL

Zip Code

32817

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/15

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☒

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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
CHARLES SCHMALMAACK
362 CROTON DR
MAITLAND, FL 32751**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P/V/S
JOSE LLAMA
4262 SANDHURST DR
ORLANDO, FL 32817**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
JACKIE SCHMALMAACK
362 CROTON DR
MAITLAND, FL 32751**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**400003523964-5
-01/04/01--01099--025
*****70.00 *****70.00**

☐ Change

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE LLAMA

10/20/02

Date

Daytime Phone #

CR2E034 (9/99)