

1999 AMENDED  
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000610.86.  
1. Entity Name  
SPRINGS CLEANERS OF WINTER PARK, INC.

Principal Place of Business Mailing Address  
849 ORLANDO AVE SAME  
WINTER PARK, FL 32789

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
SCHMALMAACK, CHARLES  
362 CROTON DR  
MAITLAND, FL 32751

Amended UBR  
4. FEI Number 59-3333 918  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
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] (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  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P SCHMALMAACK, CHARLES 362 CROTON DR MAITLAND, FL 32751  
U SCHMALMAACK, JACQULYN 362 CROTON DR MAITLAND, FL 32751  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P/VIS JOSE LLAMA 4262 SANDHURST DR ORLANDO, FL 32817  
Change Addition  
Change Addition  
700003514807--4  
-12/27/00--01077--016  
\*\*\*\*\*70.00 \*\*\*\*\*70.00  
Change Addition  
Change Addition  
KE

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] JOSE LLAMA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/15 Daytime Phone #

CR2E034 (9/99)