

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90480 021 ***150.00

DOCUMENT # P97000061086

1. Entity Name

SPRINGS CLEANERS OF WINTER PARK, INC.

Principal Place of Business

**849 ORLANDO AVE.
WINTER PARK FL 32789**

Mailing Address

**362 CROTON DR
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

849 S. ORLANDO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

4. FEI Number **59-3333918**

Applied For

Not Applicable

Zip

Country

FL 32789

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

JOSE LIAMA

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

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, 2001 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 **P** ☒ Delete
NAME **SCHMALMAACK, CHARLES**
STREET ADDRESS **362 CROTON DR**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **V** ☒ Delete
NAME **SCHMALMAACK, JACQULYN**
STREET ADDRESS **362 CROTON DR**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☐ Change ☒ Addition
NAME **JOSE LIAMA**
STREET ADDRESS **4262 SANDHURST DR**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)