

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066948

1. Entity Name

T.O.C. CLEANERS, INC.

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

05-18-2000 90293 006 ***150.00

Principal Place of Business

Mailing Address

3617 CROWN POINT RD
 STE #4
 JACKSONVILLE FL 32257
 US

3617 CROWN POINT RD
 STE #4
 JACKSONVILLE FL 32257-9010
 US

2. Principal Place of Business

3. Mailing Address

3617 Crown Point Rd.
 Suite, Apt. #, etc.

P.O. Box 24668
 Suite, Apt. #, etc.

SUITE #1

Suite, Apt. #, etc.

City & State
 Jacksonville FL

City & State
 Jacksonville FL

Zip Country
 32257 USA

Zip Country
 32241 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3460701

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MEREDITH A
 3617 CROWN POINT RD
 STE #4
 JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)
 3617 Crown Point Rd.

SUITE #1

City Jacksonville FL Zip Code 32257

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, 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 DPT ☐ Delete
 NAME ALLEN, ROBERT N
 STREET ADDRESS 3617 CROWN PT. RD. #4
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS P.O. Box 24668
 CITY-ST-ZIP JACKSONVILLE FL 32241

TITLE DVS ☐ Delete
 NAME HERNANDEZ, MEREDITH A
 STREET ADDRESS 3617 CROWN PT. RD. #4
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS P.O. Box 24668
 CITY-ST-ZIP JACKSONVILLE FL 32241

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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

3/22/2000

Date

Daytime Phone #

VANESSA E. ALLEN

924-288-8999

CR2E034 (9/99)