## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all oth

SIGNATURE: \_

## FILED DOCUMENT # P97000070517 Mar 10, 2000 8:00 am 1. Entity Name **Secretary of State** EXECUTIVE DRY CLEANERS, INC. 03-10-2000 90013 044 \*\*\*150.00 Mailing Address Principal Place of Business 707 HIGHWAY 98 EAST 707 HIGHWAY 98 EAST DESTIN FL 32541 DESTIN FL 32541-2580 2. Principal Place of Business 3. Mailing Address 313 SAND MYRTLE TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For TIN. FL 59-3467631 Not Applicable Country -\_ - Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **DUNIVANT, MARY JANE** 707 HIGHWAY 98 EAST DESTIN FL 32541 registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or FILE NOW!!! FEE IS \$150.00 9. This corporation is a to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **X** Change TITLE Delete TITLE **DUNIVANT, MARY JANE** NAME NAME 707 HIGHWAY 98 EAST STREET ADDRESS STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Delete TITLE **Change** ☐ Addition TITLE NAME DUNIVANT, HARRY E NAME STREET ADDRESS STREET ADDRESS 707 HWY 98 E CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

JANE DUNIVANT FEB 6,2000