2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000020386

1. Entity Name

CHECK CLEANING INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91377 001 ***150.00

Principal Place 2377 CHAUCE CLEARWATER		2377	Mailing Address 2377 CHAUCER ST CLEARWATER FL 33765								
2. Principal P	Place of Business	3. Ma	3. Mailing Address						 		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & State			4.	4. FEI Number 59-3494141			pplied For of Applicable		
Zip	Country		Zip Co		ntry 5.		Certificate of Status Desired	8.75 Additional ee Required			
	6. Name and Address of Curre	nt Register	Registered Agent			7. Name and Address of New Registered Agent					
DEKARCIK					Name		,				
PEKARCIK, FRANTISEK 2377 CHAUCER ST						Street Address (P.O. Box Number is Not Acceptable)					
CLEARWA	TER FL 33765		- .								
					City			FL	Zip Code)	
	named entity submits this statementions of registered agent.	t for the purp	pose of changing its re	egistere	d office or regi	istered ag	ent, or both, in the State of Florida. I	am fami	iliar with,	and accept	
	N										
SIGNATURE .	Signature, typed or printed name of registered ag	ont and title if ee	olioobto (NOTE: I	Denistared	Agent signature req	uisad u bas s	einstating) DA	TE			
	Signature, typed or printed name or registereo as	en and me ii ap	plicable. (NOTE: I	riegistered		dilan Austria	ansiating)				
F	ILE NOW!!! FEE IS \$150.00								4- 4	_	
After	r May 1, 2003 Fee will be \$550.0)					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
Make Check	k Payable to Florida Departmen	t of State					Trust Fund Contribution.		Added	to rees	
10.	OFFICERS AI	ND DIRECTO	DRS	11.		ΑΓ	L DDITIONS/CHANGES TO OFFICERS /	AND DI	RECTORS	S IN 11	
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NAME	PEKARCIK, FRANTISEK		L. Delete	NAME					Onange	Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

9-23-03

12/1/19/-/

☐ Change

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Addition

Daylime Phone