

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90003 023 \*\*\*150.00

<b>DOCUMENT # P98000022500</b>
<b>1. Entity Name</b> <b>DURHAM'S SPIN &amp; DRY, INC.</b>

<b>Principal Place of Business</b> <del>6070 MONACO BLVD.</del> <del>DELRAY BEACH FL 33446</del>	<b>Mailing Address</b> 10895 TEA OLIVE LANE BOCA RATON FL 33498
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<b>2. Principal Place of Business</b> 10895 TEA OLIVE LANE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 10895 TEA OLIVE LANE Suite, Apt. #, etc.
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<b>City &amp; State</b> SARASOTA City & State BOCA RATON, FL	<b>Zip</b> SARASOTA Country 33498 Country
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0828456	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> DURHAM, ANNETTA <del>6070 MONACO BLVD.</del> <del>DELRAY BEACH FL 33446</del>	
<b>7. Name and Address of New Registered Agent</b> Name: ANNETTA DURHAM Street Address (P.O. Box Number is Not Acceptable): 10895 TEA OLIVE LANE City: BOCA RATON FL Zip Code: 33498	

<b>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.</b>	
<b>SIGNATURE</b> ANNETTA M. DURHAM Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> JAN 2, 2001 (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, ANNETTA 10895 TEA OLIVE LANE BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, CHARLES L 10895 TEA OLIVE LANE BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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 fee empowered.</b>	
<b>SIGNATURE:</b> ANNETTA M. DURHAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE:</b> JAN 2, 2001 Daytime Phone # 361-482-6235