

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060296

1. Entity Name

DRYCLEANING UNLIMITED, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90087 031 ***158.75

Principal Place of Business

Mailing Address

3216 S. U.S. HIGHWAY 1
SUITE 4
FT. PIERCE FL 34982

3216 S. U.S. HIGHWAY 1
SUITE 4
FT. PIERCE FL 34982-8102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5541 S.W. MARKEL ST
Suite, Apt. #, etc.

P.O. Box 638
Suite, Apt. #, etc.

City & State
Palm City 71

City & State
Palm City 71

4. FEI Number 65-0850105

Applied For
Not Applicable

Zip 34990

Country USA

Zip 34991

Country

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

DOYLE, BILLY E
3216 S US HWY 1
SUITE 4
FORT PIERCE FL 34982

5541 S.W. MARKEL ST
Palm City 71 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 NAME P
DOYLE, DEBORAH
STREET ADDRESS 3216 S. U.S. HIGHWAY 1
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE NAME
STREET ADDRESS 5541 S.W. MARKEL ST
CITY-ST-ZIP Palm City 71 34990

TITLE NAME D
DOYLE, BILLY
STREET ADDRESS 3216 US HWY 1
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE NAME
STREET ADDRESS 5541 S.W. MARKEL ST
CITY-ST-ZIP Palm City 71 34990

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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: *Deborah Doyle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH DOYLE

Date 4/24/00

Daytime Phone # 283 2203

CR2E034 (9/99)