2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

with all other like empowered

FILED DOCUMENT # **P99000021737** May 01, 2000 8:00 am Secretary of State MONTICELLO DRY CLEANERS, INC. 05-01-2000 90424 014 ***150.00 Principal Place of Business Mailing Address 190 S. CHERRY ST. 190 S. CHERRY ST. MONTICELLO FL 32344 MONTICELLO FL 32344-1975 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3562748 Not Applicable Zip 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 VANDENBERG JOSEPH E VANDENBERG, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 2-A E. 2ND WAY GREENVILLE FL 32331 PAIMER MILL RD ONTICELLO 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE TITLE VANDENBERG, JOSEPH E NAME NAME 215 E PAINER MIN RD STREET ADDRESS STREET ADDRESS 2-A E. 2ND WAY MONTICEILO FL 32344 CITY-ST-ZIP CITY-ST-ZIP GREENVILLE FL 32331 Change Addition ☐ Delete TITLE TITLE VANDENBERG, ODY I NAME 215 E PALMER MILL RD STREET ADDRESS STREET ADDRESS 2-A E. 2ND WAY MONTICE 110 FL 32344 CITY-ST-ZIP CITY-ST-ZIP GREENVILLE FL 32331 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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

E VANDENBERG