## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 18, 2001 8:00 am Secretary of State DOCUMENT # P99000021737 05-18-2001 91243 010 \*\*\*150.00 MONTICELLO DRY CLEANERS, INC. Mailing Address Principal Place of Business 190 S. CHERRY ST. 190 S. CHERRY ST. MONTICELLO FL 32344 MONTICELLO FL 32344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3562748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VANDENBERG, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 2-A E. 2ND WAY **GREENVILLE FL 32331** Palmer Mill 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) 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete VANDENBERG, JOSEPH E NAME NAME 215 E PALMER MILL RD STREET ADDRESS 2-A E. 2ND WAY STREET ADDRESS CITY-ST-7IP MONTICENO, PC 32344 CITY-ST-ZIP **GREENVILLE FL 32331** Change ☐ Addition DST ☐ Delete TITLE TITLE NAME VANDENBERG, ODY I NAME 215 E PAIMER MILL RD STREET ADDRESS STREET ADDRESS 2-A E. 2ND WAY CITY-ST-ZIP MONTICE 110 PL 32344 CITY-ST-7IP **GREENVILLE FL 32331** 🔲 Change ☐ Delete Addition 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 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

JOSEAH E VANDENBERL

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED