

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90022 042 ***550.00

DOCUMENT # P99000040422

1. Entity Name
DRYFAST CLEANING AND RESTORATION, INC.

Principal Place of Business
6972 ALOMA AVE.
WINTER PARK FL 32792

Mailing Address
6972 ALOMA AVE.
WINTER PARK FL 32792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7064 Stapoint Ct.
 Suite, Apt. #, etc.

3. Mailing Address
7064 Stapoint Ct.
 Suite, Apt. #, etc.

City & State
Winter Park, FL
 Zip
32792
 Country
U.S.A.

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Winter Park, FL
 Zip
32792
 Country
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4. FEI Number **59-3574800**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DINGER, FINDLAY J
40 ALFAYA WOODS BLVD #293
OVIDO FL 32765

7. Name and Address of New Registered Agent

Name
Findlay Dinger
 Street Address (P.O. Box Numbers Not Acceptable)
2515 Indian River Ave
 City
Cocoa **FL** Zip Code
32922

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Findlay Dinger*
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	DINGER, FINDLAY J	
STREET ADDRESS	1295 N CR 426 UNIT #111	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Findlay Dinger	
STREET ADDRESS	2515 Indian River Ave	
CITY-ST-ZIP	Cocoa, FL 32922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02
 Date

Daytime Phone #

CR2E034 (4/02)