

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053758

1. Entity Name

CLASSIC LAUNDRY & DRY CLEANERS INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90134 036 ***150.00

Principal Place of Business

1720 GOLDEN POPPY CT
ORLANDO FL 32824

Mailing Address

1720 GOLDEN POPPY CT
ORLANDO FL 32824-6442

2. Principal Place of Business

2165 N. PARK AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER PARK FLORIDA

City & State

4. FEI Number

59-3585819

Applied For

Not Applicable

Zip

32789

Country

ORANGE

Zip

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

BROWN, GLENN R
1720 GOLDEN POPPY CT
ORLANDO FL 32824

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 **President/Director** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
GLENN R. BROWN
1720 GOLDEN POPPY COURT
ORLANDO, FLORIDA 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00

Date

(407) 647-4766

Daytime Phone #

CR2E034 (9/99)