

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076488

1. Entity Name

PRESTIGE TOUCH CLEANERS, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90293 005 \*\*\*150.00

Principal Place of Business

Mailing Address

3617 CROWN POINT ROAD  
 STE 4  
 JACKSONVILLE FL 32257

3617 CROWN POINT ROAD  
 STE 4  
 JACKSONVILLE FL 32257-9010

2. Principal Place of Business

3. Mailing Address

3617 Crown Point Rd.  
 Suite, Apt. #, etc.  
 SUITE #1

P.O. BOX 24668  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Jacksonville FL  
 Zip  
 32257  
 Country  
 USA

City & State  
 Jacksonville FL  
 Zip  
 32241  
 Country  
 USA

4. FFL Number  
 59-3593693

Applied For  
 Not Applicable

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

HERNANDEZ, MEREDITH A  
 3617 CROWN POINT ROAD  
 STE 4  
 JACKSONVILLE FL 32257

Name

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

3617 Crown Point Rd.  
 SUITE #1

City Jacksonville FL Zip Code 32257

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 *M. A. Hernandez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/31/00

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 PD ☐ Delete  
 NAME ALLEN, ROBERT  
 STREET ADDRESS PO BOX 24668  
 CITY-ST-ZIP JACKSONVILLE FL 32241-4668

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

TITLE VD ☐ Delete  
 NAME ALLEN, VANESSA  
 STREET ADDRESS PO BOX 24668  
 CITY-ST-ZIP JACKSONVILLE FL 32241-4668

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

TITLE STD ☐ Delete  
 NAME HERNANDEZ, MEREDITH  
 STREET ADDRESS PO BOX 24668  
 CITY-ST-ZIP JACKSONVILLE FL 32241-4668

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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: *Vanessa E. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VANESSA E. ALLEN

✓ 3/22/2000

Date

cfo  
 904-288-8999

Daytime Phone \*

CR2E034 (9/99)