

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000076488**

1. Entity Name

**PRESTIGE TOUCH CLEANERS, INC.****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90060 015 \*\*\*150.00

Principal Place of Business

Mailing Address

**3617 CROWN POINT ROAD, SUITE #1  
JACKSONVILLE FL 32257****P O BOX 24668  
JACKSONVILLE FL 32241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI 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, SUITE #1  
JACKSONVILLE FL 32257**

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 re-registering)

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, 2001 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** ☐ DeleteNAME **ALLEN, ROBERT**  
STREET ADDRESS **PO BOX 24668**  
CITY-STATE-ZIP **JACKSONVILLE FL 32241-4668**TITLE **VD** ☐ DeleteNAME **ALLEN, VANESSA**  
STREET ADDRESS **PO BOX 24668**  
CITY-STATE-ZIP **JACKSONVILLE FL 32241-4668**TITLE **STD** ☒ DeleteNAME **HERNANDEZ, MEREDITH**  
STREET ADDRESS **PO BOX 24668**  
CITY-STATE-ZIP **JACKSONVILLE FL 32241-4668**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME  
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CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-STATE-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, 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

Date

Daytime Phone #

**HERNANDEZ, MEREDITH ALLEN****(904) 288-8999**

CR2E034 (10/00)