2002 UNIFORM BUSINESS REPORT (UBR)						FILED May 13, 2002 8:00 am Secretary of State 05-13-2002 90055 043 ***150.00			
DOCUMENT # P9900081954									
MAIN STREET CLEANERS INVESTORS, INC.									
Principal Place of Business 1679 MAIN STREET SARASOFA N. 34236 2. Principal Place of Business 691 EAGLE WATCH LN Suite, Apt. #, etc.			Mailing Address 3900 CLARK ROAD BUILDING 28 SARASOTA FL 34238 3. Mailing Address 691 EAGLE WATCH CN Suite, Apt. #, etc.		CN	DO NOT WRITE IN			
OSPREY 7L.			City & State OS PREY FU		4.	4. FEI Number 65-0947386 Applied For Not Applied be]
342	29 Scour	M.S.F.	34229	Country		Certificate of Status Desired	\$8.75 A	dditional	
		Great Dr. Current He	gistered Agent	Name	7.	Name and Address of New Regist	ered Agent		-
DESJARLAIS, MARY L ESQ. 7029 SO. TAMIAMI TRAIL				Street A	Street Address (P.O. Box Number is Not Acceptable)				
SUITE A	I AMIAMI ITAIL						 	<u> </u>	ļ
SARASO1	TA FL 34231			City			Zip Co		
8. The abov	e named entity submit	s this statement for the	ne purpose of changing its	registered office or	registered an	gent, or both, in the State of Florida.	FL Zip Co		
SIGNATURE				: Registered Agent signatur			ATE		
9. This corporation is eligible to satisfy its Intangible FILE NOV				! FEE IS \$150.0					
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		50.00	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
TITLE	PD	OFFICERS AND DIF		12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	_
NAME STREET ADDRESS CITY-ST-ZIP	STEUER, MICHAEI 3900 CLARK ROAI SARASOTA FL 342	ס	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	İ	2E034 (0/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE CERTITIONS			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	SEC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHORT, JOYCE D S 3213 KEY AVE SARASOTA FL 34239			TITLE NAME STREET ADDRESS CITY-ST-ZIP	s		☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME			☐ Change	☐ Addition	

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

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 changed, or on an attachment with an address, with albother like empowered.

SIGNATURÉ: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

TITLE

NAME

STEVER

☐ Change

Addition