FILED

## 2001 UNIFORM BUSINESS REP®R™(UBR)

SIGNATURE: NOR MA F. SHELL, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000103043  1. Entity Name  BEST CLEANERS & LAUNDRY, INC.					Apr 20, 2001 8:00 am Secretary of State 03-30-2001 90338 009 ***150.00			
Principal Pla 224 S FLORID DELAND FL 3	· <del>-</del>	Mailing Address 224 S FLORIDA AVE DELAND FL 32720					<b>.</b>	
	Place of Business  OFYORKSHIRE DR  . #. etc.	3. Mailing Address 730 E YO Suite, Apt. #, etc.	RKSHIRE	DR	DO NOT WRITE IN T			
DeLAND, FL. City & State		DeLAND, FL. City & State		4. FEI Number Applied For				
Zip 32	724 VOLUSIA	32724	Country Volus	.jA	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
SHE -224 DEL	Street A	DRM pdress (P	7. Name and Address of New Register  A. F. S. H.E.L.  P.O. Box Number is Not Acceptable R.1		EIVE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered SIGNATURE    Signature, typed or printed name of registered agent and title if explicable.   (NOTE: Registered Agent signature required					Toust Fund Contribution.		O May Be	
11.	OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS			
TITLE NAME Street address City-St-Zip	D SHELL, NORMA F PO BOX 1080 DELAND FL 32721	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	730 730	me 7. Spellie Dr Cano 71. 32721	Change .	CR 26034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ,	☐ Change	□ Addition   Š	j
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		NEW TRANSPORT	Change	Addition	
OF THE COL	rentify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	red to execute this report as	ne exemption state signature shall ha required by Chap	d in Sect ve the sa ter 607, f	ion 119.07(3)(i), Florida Statutes. I further me legal effect as if made under oath; tha Florida Statutes; and that my name appea	certify that the in I am an officer is in Block 11 or	nformation or director Block 12 if	