2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$42039

1. Entity Name

A DELICATE TOUCH CLEANING SYSTEMS, INC.

Principal Place of Business

2. Principal Place of Business

SIGNATURE: .

Mailing Address

3. Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2927 SHANNON CIRCLE PALM HARBOR FL 34684

2927 SHANNON CIRCLE PALM HARBOR FL 34685-2518

2480 Appalousa Trail 2480 Appaloosa Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3056951 Palm Harbor Florida Zip Country Not Applicable Palm Hacbor \$8.75 Additional 5. Certificate of Status Desired 34685 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARBER-RUSSO, HOLLY A Street Address (P.O. Box Number is Not Acceptable) 2927 SHANNON CIRCLE PALM HARBOR FL 34684 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Delete TITLE RUSSO, THOMAS L 2480 APPALOOSA Trail NAME NAME STREET ADDRESS 2927 SHANNON CIRCLE PAIM HARbor, Fl. 34685 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Change ☐ Addition ☐ Delete TITLE BARBER-RUSSO, HOLLY A NAME 2480 Appaloosa Trail STREET ADDRESS STREET ADDRESS 2927 SHANNON CIRCLE Palm Harbor, Fl. 34685 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP 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.

FILED Jun 01, 2000 8:00 am

Secretary of State

06-01-2000 90001 035 ***558.75