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2003 FOR PROFIT CORPORATIO

UN	IFOR	M BUSINE	SS	REPOR	T (UBR)					003 8:		
DOCUMENT # \$42039 1. Entity Name A DELICATE TOUCH CLEANING SYSTEMS, INC.								Secretary of Sta 04-24-2003 90313 001 ***150. 04-24-2003 90313 002 *****8.						00
Principal Place of Business 2480 APPALOOSA TRAIL PALM HARBOR FL 34685				Mailing Address 2480 APPALOOSA TRAIL PALM HARBOR FL 34685										
2. Principal Place of Business 8 Freshwater Suite, Apt. #, etc.				3. Mailing Address 8 Fresh water Dr. Suite, Apt. #; etc.				CHECK HERE IF MAKING CHANGES						
Palm Harbor, Fl.				Palm Harbor, Fl.				KQ-20K6QK1				ied For Applicable		
^{Zip} 3468	39689 Country U.S			34684	Coun	Country U.S.			ertificate of			\$8.75 Fee Requ		onal
6. Name and Address of Current Registered Agent BARBER-RUSSO, HOLLY A 2480 APPALOOSA TRAIL PALM HARBOR FL 34685						7. Name and Address of New Registered Agent Name Thomas L. Russo Street Address (P.O. Box Number is Not Acceptable) Freshwater Or. City D 1 1/1 E Zip Code								
8. The above the obligat	tions of rebist	y submits this statement for ered agent.	usso	_		P4			,	n the State o		am familiar wi	462	d accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS									Trust F	und Contrib		☐ Ád	ded to	May Be Fees
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all or a 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 10 or Block 11 if changed, or on an attachment with an address, with all or a 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 10 or Block 11 if

SIGNATURE:

Daytime Phone #