

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V06403

FILED
Apr 17, 2002 8:00 AM
Secretary of State

Entity Name: KOOPMAN'S HYGIENE, INC.

Current Principal Place of Business:

1226 S. MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1226 S MAIN ST
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 65-0313295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANTEL, PETER
1226 S MAIN ST
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BIERLING, JOYCE,
Address: 8502 BANNERMAN BLUFF RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: BIERLING, FRANK,
Address: 8502 BANNERMAN BLUFF DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD () Delete
Name: MANTEL, AMY
Address: 2120 NW 57TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: PETER MANTEL,
Address: 2120 NW 57TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: BIERLING, TOD
Address: 3139 LAYLA
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MANTEL

PD

04/17/2002

Electronic Signature of Signing Officer or Director

Date