

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V67028

1. Entity Name

DENIM & LACE CLEANERS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90025 034 \*\*\*150.00

Principal Place of Business

Mailing Address

2533 UNIVERSITY BOULEVARD N  
JACKSONVILLE FL 32277  
US

3533 UNIVERSITY BOULEVARD N  
JACKSONVILLE FL 32277-2422  
US

2. Principal Place of Business

11245 BLACKTACK OAK DR

3. Mailing Address

11245 BLACKTACK OAK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32225

Country

DUVAL

Zip

32225

Country

DUVAL

4. FEI Number

59-3143886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL, HERMAN S.  
3468 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32207

NEW ADDRESS ONLY

Name

PAUL, HERMAN S

Street Address (P.O. Box Number is Not Acceptable)

4981 ATLANTIC BLVD.

City

JACKSONVILLE

FL

Zip Code

32207

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.

DONALD VAN DE WARKER

SIGNATURE

Donald VanDeWarker Sec/Treas.

4-18-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00 -**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN DE WARKER, TRAUTE	
STREET ADDRESS	3533 UNIVERSITY BLVD N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAN DE WARKER, DONALD	
STREET ADDRESS	3533 UNIVERSITY BLVD N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

DONALD VAN DE WARKER  
DONALD VAN DE WARKER SEC/TREAS.

4-18-2000 904-928-0530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 1/9/99