

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90012 017 ***150.00

DOCUMENT # V68800
 1. Entity Name
FIRST CLASS CLEANERS, INC.

Principal Place of Business 223 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32805 US	Mailing Address 223 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32805-1611 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 625 GREENCOVE TERRACE Suite, Apt. #, etc. 127 City & State ALTAMONTE SPRINGS FL. Zip 32714 Country USA	3. Mailing Address 625 GREENCOVE TERRACE Suite, Apt. #, etc. 127 City & State ALTAMONTE SPRINGS FL. Zip 32714 Country USA
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4. FEI Number 59-3146791	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CAPUANO, GARY E
1573 S. CROSSBEAM DR.
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent
 Name **GARY E. CAPUANO**
 Street Address (P.O./Box Number is Not Acceptable)
625 GREENCOVE TERRACE
 #127
 City **ALTAMONTE SPRINGS FL** Zip Code **32714**

NEW ADDRESS

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 _____ (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	
TITLE DPT	<input type="checkbox"/> Delete
NAME CAPUANO, GARY E	
STREET ADDRESS 1573 CROSSBEAM DRIVE	
CITY-ST-ZIP ORLANDO FL 32805	
TITLE DVPS	<input type="checkbox"/> Delete
NAME SHAPIRO, MICHAEL	
STREET ADDRESS 11716 HARBORSIDE CIRCLE	
CITY-ST-ZIP LARGO FL 34643	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAPUANO, GARY E.	
STREET ADDRESS 625 GREENCOVE TERRACE #127	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-4-00** Daytime Phone # **407/592-7001**

CR2E034 (9/99)