

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90148 049 \*\*\*150.00

**DOCUMENT # H23062**

1. Entity Name  
**CABIN DRY CLEANERS, INC**

Principal Place of Business

**% RANDY DAVIDSON  
 240 WEST AVENUE A  
 BELLE GLADE FL 33430**

Mailing Address

**% RANDY DAVIDSON  
 240 WEST AVENUE A  
 BELLE GLADE FL 33430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2512943**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIDSON, RANDY  
 240 WEST AVENUE A  
 BELLE GLADE FL 33430**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

DATE **4-16-01**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PST</b>	<b>DAVIDSON, RANDY</b>	<b>240 WEST AVENUE A BELLE GLADE FL</b>	<input type="checkbox"/> Delete			
	<b>D</b>	<b>DAVIDSON, RANDY</b>	<b>240 WEST AVENUE A BELLE GLADE FL</b>	<input type="checkbox"/> Delete			
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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: *Randy Davidson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-16-01** Daytime Phone # **561-996-2054**

CR2E034 (10/00)