

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H25062
1. Entity Name CABIN DRY CLEANERS, INC.
240 WEST AVENUE A.
Belle Glade, Florida 33430

DO NOT WRITE IN THIS SPACE

Principal Place of Business CABIN DRY CLEANERS Mailing Address P.O. Box 173
Suite, Apt. #, etc. 240 West Avenue A Suite, Apt. #, etc. 240 West Avenue A.
City & State Belle Glade, Florida City & State Belle Glade, Florida
Zip 33430 Country USA Zip 33430 Country USA

DO NOT WRITE IN THIS SPACE

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**

7. Name and Address of Current Registered Agent

Name Randy Davidson
Street Address (P.O. Box Number is Not Acceptable) 240 West Avenue A.
City Belle Glade FL Zip Code 33430

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 _____
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President</u>
NAME	<u>Randy Davidson</u>
STREET ADDRESS	<u>240 West Ave A.</u>
CITY-ST-ZIP	<u>Belle Glade, Florida 33430</u>
TITLE	<u>Randy Davidson</u>
NAME	<u>Randy Davidson</u>
STREET ADDRESS	<u>240 West Ave A.</u>
CITY-ST-ZIP	<u>Belle Glade, Florida 33430</u>
TITLE	<u>T. Randy Davidson</u>
NAME	<u>T. Randy Davidson</u>
STREET ADDRESS	<u>240 West Ave A.</u>
CITY-ST-ZIP	<u>Belle Glade, Florida 33430</u>
TITLE	<u>S. Randy Davidson</u>
NAME	<u>S. Randy Davidson</u>
STREET ADDRESS	<u>240 West Avenue A.</u>
CITY-ST-ZIP	<u>Belle Glade, Florida 33430</u>
TITLE	<u>D. Randy Davidson</u>
NAME	<u>D. Randy Davidson</u>
STREET ADDRESS	<u>240 West Avenue A.</u>
CITY-ST-ZIP	<u>Belle Glade, Florida 33430</u>
TITLE	<u>C. Randy Davidson</u>
NAME	<u>C. Randy Davidson</u>
STREET ADDRESS	<u>240 West Avenue A.</u>
CITY-ST-ZIP	<u>Belle Glade, Florida 33430</u>

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IN THIS SPACE**

CR2E034B (12/01)

3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Randy Davidson
Art BB Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 561-996-2054
Daytime Phone #

Attachment 41071

Reference No. A 23062

The original form was never received by me. I would not have neglected to pay the \$150⁰⁰/₁₀₀ fee, promptly as I have always done in the past. Your consideration in deleting the 400⁰⁰ late fee would be appreciated. My apologies for not sending this letter along with my payment of \$150⁰⁰/₁₀₀, but I was not informed to do so till now.

Cabin Dry Cleaners, Inc. Thank you
240 West Ave A Randy Dawson
Belle Glade Fla P.O. Box 173
33430 Belle Glade, Fla. 33430