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03-05-2003 90078 004 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # J00594

1. Entity Name

THE LAUNDRY DEPOT CORPORATION



Principal Place of Business

4208 GULL COVE

NEW SMYRNA BCH. FL 32169

2. Principal Place of Business 148 Sweet B

Mailing Address

4208 GULL COVE

NEW SMYRNA BCH. FL 32169



70064441

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For 59-2635950 Smyrnat Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILL, ERIC V. Street Address (P.O. Box Number is Not Acceptable) 4393 RIDGEWOOD AVE. SUITE 5 PORT ORANGE FL 32019 City 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. I am familiar with, and accept the obligations of registered agenta-**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . ☐ Delete TITLE Change ☐ Addition SCHWARTZ, JAMES N. SCHWARTZ, JAMES N 148 SWEET BAY AVE. NAME NAME STREET ADDRESS 4208 GULL COVE 34 STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 STD TITLE ☐ Delete TITLE K Change ■ Addition NAME SCHWARTZ, SANDRA L. SCHWARTZ, SANDRA L 148 SWEET BAY AVE NAME STREET ADDRESS 4208 GULL COVE STREET ADDRESS 148 SWEET CITY-ST-ZIP NEW SMYRNA BEACH FL CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 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

3/1/03

386.423.159

Daytime Phone #

(1)