

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90062 047 \*\*\*158.75

**DOCUMENT # P00000022552**

1. Entity Name  
**24/7 COIN LAUNDRY INC.**

Principal Place of Business  
**12324 FLYNNWOOD RD  
 JACKSONVILLE FL 32223**

Mailing Address  
**12324 FLYNNWOOD RD  
 JACKSONVILLE FL 32223**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1020 N. EDGEWOOD AVE**  
 Suite, Apt. #, etc.  
**#5**

3. Mailing Address  
**12324 Flynnwood Rd**  
 Suite, Apt. #, etc.

City & State  
**JAX, FL**

City & State  
**JAX, FL**

4. FEI Number  
**59-3648239**

Applied For  
 Not Applicable

Zip  
**32254**

Country  
**DUVAL**

Zip  
**32223**

Country  
**DUVAL**

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**

**EDISON, DONNA  
 12324 FLYNNWOOD RD  
 JACKSONVILLE FL 32223**

Name **Stewart G. Edison**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12324 Flynnwood Rd**  
 City **JAX** **FL** Zip Code **32223**

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 *Stewart G. Edison P*  
 Signature, typed or printed name of registered agent and title if applicable.

2/15/01  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Stewart G. Edison	12324 Flynnwood Rd	JAX, FL 32223		
T/S	DONNA EDISON	12324 Flynnwood Rd	JAX, FL 32223		

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: *Stewart G. Edison* **STEWART G. EDISON** 2/15/01 904/262-4293  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)