

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90056 034 ***150.00

DOCUMENT # P00000022552

1. Entity Name
24/7 COIN LAUNDRY INC.

Principal Place of Business
**1020 N EDGEWOOD AVE #5
 JACKSONVILLE FL 32254**

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

2. Principal Place of Business

3. Mailing Address

12316 Flynnwood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JAY, FL

4. FEI Number **59-3648239**

Applied For
 Not Applicable

Zip Country

Zip **32223** Country **USA**

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, STEWART G
 12324 FLYNNWOOD RD
 JACKSONVILLE FL 32223**

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

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P EDISON, STEWART G 12324 FLYNNWOOD RD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS EDISON, DONNA 12324 FLYNNWOOD RD JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 904-262-4273

Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE