

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26105

1. Entity Name

COMMERCIAL LAUNDRY CORP. OF WISCONSIN

Principal Place of Business

Mailing Address

250 PATRICK BLVD 140
BROOKFIELD WI 53045-5864
US

250 PATRICK BLVD 140
BROOKFIELD WI 53045-5864
US

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 39-1361052

Applied For
Not Applicable

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

KEIERLEBER, JEFFREY
240 BAYSIDE DRIVE
CLEARWATER FL 34630-33767

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33767

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, 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

TITLE	PD	☐ Delete
NAME	KEIERLEBER, JEFFREY	
STREET ADDRESS	240 BAYSIDE DR.	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	☐ Delete
NAME	SWEET, MICHAEL	
STREET ADDRESS	250 PATRICK BLVD, STE. 140	
CITY-ST-ZIP	BROOKFIELD WI 53045	
TITLE	AS	☐ Delete
NAME	KRESS, THOMAS	
STREET ADDRESS	250 PATRICK BLVD, STE 140	
CITY-ST-ZIP	BROOKFIELD WI 53045	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	53045	
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	53045	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael Sweet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Sweet, Secretary

01/04/01

262-792-9200

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90139 025 ***150.00

606270



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)