

DOCUMENT # P31567

1. Entity Name

SWEETHEART LAUNDRY SERVICES, INC.

Feb 07, 2000 8:00
Secretary of State

02-07-2000 90055 001 ***150.00

Principal Place of Business

11849
11805 W. COQUINA COURT
CRYSTAL RIVER FL 34429
US

Mailing Address

11849
11805 W. COQUINA COURT
CRYSTAL RIVER FL 34429-9223

00015850

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-2210676

5. Certificate of Status Desired

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIDONNA, MARY D.

11849
11805 W. COQUINA COURT
CRYSTAL RIVER FL 34429

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	DIDONNA, MARY D.	
STREET ADDRESS	11835 W. COQUINA COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	DIDONNA, VINCENT	
STREET ADDRESS	11835 W. COQUINA COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIDONNA, VINCENT	
STREET ADDRESS	11835 W. COQUINA COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change
NAME		
STREET ADDRESS	11849 w. Coquina Court	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary D. Didonna* Mary D. Didonna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #