

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90367 011 \*\*\*150.00

**DOCUMENT # P99000022121**

1. Entry Name  
**HUS LAUNDRY SYSTEMS, INC.**

Principal Place of Business  
**118 JACKSON ROAD #9**  
**JACKSONVILLE FL 32225**

Mailing Address  
**118 JACKSON ROAD #9**  
**JACKSONVILLE FL 32225**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3563759**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**TRITT, ARNOLD D JR**  
**2236 ST. JOHNS AVE**  
**SUITE 100**  
**JACKSONVILLE FL 32204**

Name  
**Theodore Myaskovsky**  
 Street Address (P.O. Box Number is Not Acceptable)  
**118 Jackson Road #9**

City **Jacksonville** FL Zip Code **32225**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **4/23/2001**

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature not required when re-issuing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**D**  
 NAME **SCIABARASI, PHILLIP**  
 STREET ADDRESS **118 JACKSON ROAD #9**  
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE  Change  Addition  
**P**  
 NAME **Sciabarasi, Philip**  
 STREET ADDRESS **118 Jackson Road #9**  
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE  Delete  
**D**  
 NAME **NYUSLOUSKI, TED**  
 STREET ADDRESS **118 JACKSON ROAD #9**  
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE  Change  Addition  
**V**  
 NAME **Myaskovsky, Theodore**  
 STREET ADDRESS **118 Jackson Road #9**  
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
**V**  
 NAME **De Antonis, John**  
 STREET ADDRESS **118 Jackson Road #9**  
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 included 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 recorder 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/2001 (904)642-0286**

Date Date of Filing

CR2E034 (10/00)