

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90260 029 \*\*\*150.00

**DOCUMENT # 824229**

1. Entity Name  
**PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC.**

Principal Place of Business

**700 JACKSON STREET  
 POST OFFICE BOX 1137  
 KENNER LA 70062-7774**

Mailing Address

**700 JACKSON STREET  
 POST OFFICE BOX 1137  
 KENNER LA 70062-7774**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**72-0503033**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SHACKLEFORD, FARRIOR, STALLINGS & EVANS  
 FARRIOR, J. REX, JR., 1ST FLORIDA TOWER  
 TAMPA FL 33601**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PELLERIN, CURTIS A.</b>	
STREET ADDRESS	<b>300 STELLA ST</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FULGO, RICHARD C.</b>	
STREET ADDRESS	<b>1031 RUE ORLEANS</b>	
CITY-ST-ZIP	<b>SLIDELL LA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FRILOT, CLIFTON</b>	
STREET ADDRESS	<b>1508 HOUMA BLVD</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PELLERIN, JAMES</b>	
STREET ADDRESS	<b>400 NORTHLINE</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JACKSON, BLAINE W</b>	
STREET ADDRESS	<b>268 GARDEN ROAD</b>	
CITY-ST-ZIP	<b>RIVER RIDGE LA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

CR2E034 (9/01)