2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATUF

SIGNATURE AND TYPED OF FRUITED NAME OF STORYING OFFICER OR DIRECTOR

FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # 264669** 1. Entity Name . BAYSHORE CLEANERS & LAUNDRY, INC. 05-01-2001 90133 009 ***150.00 Principal Place of Business Mailing Address 6127 26TH ST W 6127 26TH ST WEST **BRADENTON FL 34207** BRADENTON FL 34207 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1001064 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBINSTEIN, JON Street Address (P.O. Box Number is Not Acceptable) 6127 26TH ST W **BRADENTON FL 34207** City 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 fille if applicable (NOTE: Registered Agent signature required when reinstating) STAC FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Channe ☐ Addition TITLE DITLE Delete RUBINSTEIN, JON NAME NAME STREET ADDRESS STREET ADDRESS 5541 GULF OF MEXICO DR CITY-ST-ZIP CITY-ST-ZIP LONGBOAST KEY FL 34228 Change ☐ Addition IIILE STD Delete TITLE RUBINSTEIN, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS 1975 GULF OF MEXICO DR CITY-ST-ZIP CITY-ST-7IP LONGBOAT KEY FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-Z:P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-78P 13. I hereby certify that the information supplied with this filing does not qualify by 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 f

941-753-4000 Daytime Prone #