2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2001 08:00 AM
Secretary of State

DOCUMENT # 427615

1. Entity Name
CERTIFIED COIN LAUNDRIES, INC.

Principal Place of Business	Mailing Address
1220 BOZEMAN TRAIL ROAD	1220 BOZEMAN TRAIL
BOZEMAN MT	BOZEMAN MT
59715 US	59715 US

2. Principal Place of Business	3. Mailing Address
1220 BOZEMAN TRAIL RD	1220 BOZEMAN TRAIL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOZEMAN MT	City & State: BOZEMAN MT
Zip: 59715 — Country: US	Zip: 59715 — Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1467378 ☐ 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
MADIGAN WILLARD	Name: VAN PELT JON F
APT 906	Street Address (P.O. Box Number is Not Acceptable): 2028 SW 35 AV
2900 NE 14 ST	
POMPANO BEACH FL	City: DELRAY BEACH — FL — Zip Code: 33445
33062 US	

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 JON VAN PELT — 04/01/2001
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	MADIGAN, RUSSELL W.	NAME	MADIGAN RUSSELL W
STREET ADDRESS	1220 BOZEMAN TRAIL	STREET ADDRESS	1220 BOZEMAN TRAIL RD
CITY-ST-ZIP	BOZEMAN MT	CITY-ST-ZIP	BOZEMAN MT 59715
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Russell W. Madigan PD 04/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #