(9/01)

CR2E034

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am DOCUMENT # 434292 **Secretary of State** 1. Entity Name 02-04-2002 90009 034 \*\*\*150.00 FLAMINGO LAUNDRY CENTER, INC. Principal Place of Business Mailing Address **4226 20TH STREET 4226 20TH STREET** VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1483447 Not Applicable Zio 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 SMITH, DOROTHY W Street Address (P.O. Box Number is Not Acceptable) **4226 20TH STREET** VERO BEACH FL 32960 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 \*Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE PD NAME SMITH, REYNOLDS W. NAME STREET ADDRESS 1150 BOUNTY BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Delete TITLE **VD** NAME SMITH, SCOTT C. NAME STREET ADDRESS STREET ADDRESS 631 BROADWAY" CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Delete TITLE ☐ Addition NAME SMITH, DOROTHY W. NAME STREET ADDRESS STREET ADDRESS 4226 20TH ST. CITY-ST-ZIP CITY-ST-ZIP VERO BCH. FL 32960 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplier ental 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 it 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

SIGNATURE:

of the corporation or the rece changed, or on an attachmen