

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90325 028 ***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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0503033		Applied For
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New 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

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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLERIN, CURTIS A. 300 STELLA ST METAIRIE LA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, W. BLAINE 1447 WOODMERE DR. MANDEVILLE, LA. 70471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FULGO, RICHARD C. 1031 RUE ORLEANS SLIDELL LA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRILOT, CLIFTON 1508 HOUMA BLVD METAIRIE LA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLERIN, JAMES 400 NORTHLINE METAIRIE LA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Richard C. Fulgo **RICHARD C. FULGO** 4/22/00 504-467-9593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)