

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90141 033 \*\*\*150.00

RECORDED  
AT

**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.

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. 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    |                            |  |

11. 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    |  |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 3/31/03 504-467-9593

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

CR2E034 (10/02)