

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002778**

1. Entity Name

**CONTINENTAL LAUNDRIES 56TH STREET, LTD.**

FILED

00 JAN 28 PM 1:27

Principal Place of Business

10906 N. 56TH ST  
TEMPLE TERRACE FL 33617

Mailing Address

5124 WEST SAN JOSE STREET  
TAMPA FL 33629-6415

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

**28 FLORAL AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**KEY HAVEN**

City & State

City & State

**KEY WEST, FL**

Zip

Country

Zip

Country

**33040**

**USA**

4. FEI Number

**59-3549159**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARKER, DENNIS M**

**5124 WEST SAN JOSE STREET  
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

**HARKER DENNIS M.**

Street Address (P.O. Box Number is Not Acceptable)

**28 FLORAL AVE**

**KEY HAVEN**

City

**KEY WEST**

**FL**

Zip Code

**33040**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-24-2000**

9. Capital Contributions as Shown on record.

**\$150,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000076543**  
NAME **CONTINENTAL HOLDINGS OF TAMPA, INC.**  
STREET ADDRESS **5124 WEST SAN JOSE STREET**  
CITY - ST - ZIP **TAMPA FL 33629**

STREET ADDRESS **28 FLORAL AVE**  
CITY - ST - ZIP **KEY HAVEN  
KEY WEST, FL 33040**

DOCUMENT #  
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CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**9000003118239--E**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**02/01/00--01058--016**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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**9000003118239--F**  
**02/01/00--01058--017**

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**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

**1-24-2000**

Date

Daytime Phone #

**813-918-9110**

**813-918**