

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F88501

1. Entity Name

YOUNG'S COIN LAUNDRIES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90256 016 ***150.00

Principal Place of Business

N MONROE ST
P.O. BOX 954
QUINCY FL 32351-7954
US

Mailing Address

BOX 954
P.O. BOX 954
QUINCY FL 32351-7954
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2252868**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, GERTRUDE, J
CORNER OF FIRST AND CHURCH STREET
GRENA FL 32332

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.

SIGNATURE:

(Type or printed name of registered agent and the entity, 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

TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT A.	
STREET ADDRESS	130 SARATOGA BLVD W	
CITY - ST - ZIP	ROYAL PALM BECH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	YOUNG, THOMAS C.	
STREET ADDRESS	916 W. BELLAMY DR	
CITY - ST - ZIP	QUINCY FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	YOUNG, GERTRUDE J	
STREET ADDRESS	CHURCH STREET	
CITY - ST - ZIP	GRENA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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
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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		

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:

Gertrude J. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERTRUDE J. YOUNG

3-17-2001

Date

850 856 5420

Daytime Phone #

CR2E034 (10/00)