## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee e changed, or on an attachment with an add

SIGNATURE:

## Mar 04, 2002 8:00 am § Secretary of State DOCUMENT # H36116 BARTOW COIN LAUNDRY, INC. 03-04-2002 90002 019 \*\*\*150.00 Principal Place of Business Mailing Address 210 S WILSON AVE POST OFFICE BOX 4588 BARTOW FL 33831 PLANT CITY FL 33564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2495550 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAHL, JITINDER K Street Address (P.O. Box Number is Not Acceptable) 210 S. WILSON AVE BARTOW FL 33831 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition Delete NAME BAHL, JITINDER K NAME 210 \$ WILSON AVE STREET ADDRESS STREET ADDRESS BARTOW FL 33831 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE BAHL, ASHWINI K NAME NAME STREET ADDRESS 210 S WILSON AVE STREET ADDRESS BARTOW FL 33831 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information turate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director soute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental report

**FILED**