

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90315 002 ***150.00

DOCUMENT # H72279

1. Entity Name

SABAL PALM LAUNDRAMAT, INC.

Principal Place of Business
4700-7 BABCOCK STREET N.E.
PALM BAY FL 32905

Mailing Address
4700-7 BABCOCK STREET N.E.
PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2572252**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERBER, ALFRED
327 PEGGY CIRCLE, N.E.
PALM BAY FL 32907

Name **JOYCE ERBER**
 Street Address (P.O. Box Number is Not Acceptable)
327 PEGGY CIRCLE NE
PALM BAY,
 City **FL** Zip Code **32907**

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 **JOYCE ERBER** *Joyce Erber* **5-10-01**
 Signature, typed or printed name of registered agent and date (if applicable) Date of Agent Signature (required when changing agent)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	ERBER, JOYCE	
STREET ADDRESS	327 PEGGY CIRCLE N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	☒ Delete
NAME	ERBER, ALFRED	
STREET ADDRESS	327 PEGGY CIRCLE N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Joyce Erber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 **321 H72279**
 Date Daying Period #

CR2E034 (10/00)