

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11704

1. Entity Name

SOAP'S GOODTIME LAUNDRY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90024 003 ***150.00

Principal Place of Business

PO BOX 10
NAPLES FL 34106
US

Mailing Address

PO BOX 10
NAPLES FL 34106-0010
US

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

59-2675712

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

GRADY, THOMAS R.
720 5TH AVE. S, STE 200
NAPLES FL 34102

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

Signature, typed or printed name of registered agent and title 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, 2000 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 <input type="checkbox"/> Delete
NAME	GRADY, THOMAS R.
STREET ADDRESS	720 5TH AVE S, STE 200
CITY-ST-ZIP	NAPLES FL 34102
TITLE	D <input type="checkbox"/> Delete
NAME	PEARSON, LARRY R.
STREET ADDRESS	313 PIRATES BIGHT
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	SHUMWAY, CHARLES L.
STREET ADDRESS	3401 N TAMiami TrL 210
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	DYNES, NORMAN
STREET ADDRESS	40 STEEPLECHASE AVE
CITY-ST-ZIP	AURORA, ONTARIO
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: *Thomas R. Grady*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 941.261.6555

CR2E034 (9/99)