

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J31526

1. Entity Name

ALL AMERICAN COIN LAUNDRIES, INC.

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

05-03-2000 90007 017 \*\*\*150.00

Principal Place of Business

Mailing Address

4713 N HESPERIDES  
 TAMPA FL 33614

PO BOX 260893  
 TAMPA FL 33583-2009

2. Principal Place of Business

3. Mailing Address

913 GAMBIT PLACE

P.O. BOX 2009

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEFFNER, FLORIDA, HILLSBORO

City & State

SEFFNER, FL HILLSBORO

Zip

Country

33584

Zip

Country

33583

4. FEI Number

59-2715987

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

GONZALEZ, RALPH B.  
 4713 N HESPERIDES  
 TAMPA FL 33614

Name

BEDFORD, ROBERT OR RAYNETTE

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

913 GAMBIT PLACE

City

SEFFNER

FL

Zip Code

33584

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 ROBERT BEDFORD

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

4/20/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, RALPH B.	
STREET ADDRESS	3705 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, RALPH F.	
STREET ADDRESS	3705 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEDFORD, RAYNETE	
STREET ADDRESS	4713 N HESPERIDES	
CITY-ST-ZIP	TAMPA 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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNETTE BEDFORD	
STREET ADDRESS	913 GAMBIT PLACE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT TRIPP	
STREET ADDRESS	913 GAMBIT PLACE	
CITY-ST-ZIP	SEFFNER, FL 33584	
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
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: *Robert Bedford* ROBERT BEDFORD 4-19-2000 813-874-3743  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)