2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J57533** Mar 02, 2000 8:00 am 1. Entity Name Secretary of State BY-THE-SEA-LAUNDRY, INC. 03-02-2000 90026 018 ***150.00 Principal Place of Business Mailing Address 4334 E. TRADEWINDS AVENUE 4317 OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308-5010 LAUDERDALE BY THE SEA FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2825953 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SORENSEN, EVERETT Street Address (P.O. Box Number is Not Acceptable) 4317 OCEAN DR LAUDERALE-BY-THE-SEA FL 33308 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. XX Change ☐ Addition □ Delete TITLE TITLE SID MYATT, FRANK NAME MYATT, FRANK 4317 OCEAN DR STREET ADDRESS STREET ADDRESS 4317 OCEAN DR CITY-ST-ZIP CITY-ST-ZIP LAUDERDALEBYTHESEAFL LAUDERDALE BY THE SEA. FL. ☐ Addition XX Change TITLE ☐ Delete SORENSEN, EVERETT SORENSEN, EVERETT NAME NAME STREET ADDRESS 4317 OCEAN DR STREET ADDRESS 4334 E. TRADEWINDS AVE LAUDERDALE BY THE SEA, FL CITY-ST-ZIP LAUDERDALEBYTHESEAFL CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 strue 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 and steep supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered.

SOREISEN

2-23-2000