2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # K78741** 1. Entity Name SUNLAND LAUNDRY CORPORATION 01-25-2000 90024 039 ***150.00 Principal Place of Business Mailing Address 2330 SW 106TH TERR. 2330 SW 106TH TERR. DAVIE FL 33324 DAVIE FL 33324-6313 2. Principal Place of Buşiness 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number 65-0184410 Not Application Country \$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 DEEB, GEORGE 304 N CRESCENT DR HOLLYWOOD FL 33021 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. DPT Change Change Addition ☐ Delete TITLE TITLE DEEB, GEORGE NAME NAME STREET ADDRESS 2330 SW 106TH TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33324-6305** DVS Delete Change ☐ Addition TITLE BRINCEFIELD, ROBERT E. J NAME STREET ADDRESS 2850 NE 23RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL ☐ Addition TITLE ☐ Change Delete TITLE 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 ☐ Change ■ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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