

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008332

1. Entity Name

NAUTILUS LAUNDRY SERVICES, LLC

FILED  
Jul 30, 2002 8:00 am  
Secretary of State

07-30-2002 90381 011 \*\*\*\*50.00

Principal Place of Business

C/O RUDEN MCCLOSKEY SMITH SCHUSTER RUSSELL  
200 EAST BROWARD BLVD., SUITE 1500  
FORT LAUDERDALE FL 33301

Mailing Address

C/O RUDEN MCCLOSKEY SMITH SCHUSTER RUSSELL  
200 EAST BROWARD BLVD., SUITE 1500  
FORT LAUDERDALE FL 33301

2. Principal Place of Business

124 North Gordon Rd  
Suite, Apt. #, etc.

3. Mailing Address

124 North Gordon Rd  
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number 58-2560674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUL, MICHAEL H  
C/O RUDEN MCCLOSKEY SMITH SCHUSTER RUSSELL  
200 EAST BROWARD BLVD., SUITE 1500  
FORT LAUDERDALE FL 33301

Name

Cathy Gross

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

124 North Gordon Rd.

City

Ft. Lauderdale

FL

Zip Code

33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	
NAME	GROSS, DAVID	NAME	
STREET ADDRESS	12071 SEAWAY RD	STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS 39503	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/23/02 228/896-4480  
Date Daytime Phone #

CR2E083 (4/02)