## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

th all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** May 05, 2000 8:00 am Secretary of State **DOCUMENT # L62775** 1. Entity Name HOSPITALITY LINEN SERVICES, INC. 05-05-2000 90105 045 \*\*\*150 00 Mailing Address Principal Place of Business PO BOX 617311 1701-A EASTON AVE ORLANDO FL 32861-7311 ST CLOUD FL 34769 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3004539 Not Applicable Zip Country 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 Name A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE **SUITE 2300** ORLANDO FL 32801-3432 Zip Code FL 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) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 11. 12. DPT ☐ Addition Change ☐ Delete TITLE TITLE KIENLE, RICHARD J. NAME NAME 1701 A EASTERN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST CLOUD FL Change ■ Addition Delete TITLE TITLE KIENLE, JUDITH A. NAME NAME 1701 A EASTERN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL ☐ Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STRFFT ADDRESS STREET ADDRESS CITY-ST-ZIP 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 emport and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if