2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) L62775 **DOCUMENT #** 1. Entity Name



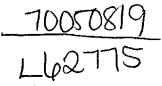
04-28-2003 91404 032 ***150.00

HOSPITALITY LINEN SERVICES, INC.						
Principal Place of Business 1701A EASTON AVE ST CLOUD FL 34769 US		Mailing Address 200 S. ORANGE SUITE 2300 ORLANDO FL 32804 US				
2. Principal Place of Business		3. Mailing Address			FOIL BLOCK OXON BLOCK OTOER LOSS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 ☐ CHECK HERE IF MAKING	CHANGES	
City & State		City & State		A SELNumber		
				59-3004539	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered	Agent	
AGC C	• · · · · · · · · · · · · · · · · · · ·	a and the same of	Name-			
A.G.C. CO. 200 S ORANGE AVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 23	*.		-		.,	
ORLANDO FL 32801-3432			City	FL	Zip Code	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent signature requ	pired when reinstating) DATE	-	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution. C	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	<u> </u>	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KIENLE, RICHARD J. 1701 A EASTERN AVE ST CLOUD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	resident Rienie - coi-in Enstern auf it-Cloud F1.3476	Criange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KIENLE, JUDITH A. 1701 A EASTERN AVE ST CLOUD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charolt. Kignle ice president 701-10 Eastern Cul 1. Cloud P1. 3470	Change Addition &	
NAME STREET ADDRESS CITY-ST-ZIP		□. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

12. 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 feceiver of trustee empowered to execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like proposed.

SIGNATURE:





200 South Orange Avenue • SunTrust Center, Suite 2300 • P.O. Box 112 • Orlando, Florida 32802-0112 • (407) 649-4000 Fax (407) 841-0168

April 24, 2003

Annual Reports Filings
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: 2003 Uniform Business Report for Hospitality Linen Services, Inc. Document No. L62775

Dear Sir or Madam:

Enclosed please find the 2003 Profit Corporation Uniform Business Report for the above-referenced entity. Also enclosed is a check in the amount of \$150.00 to cover the cost of the filing fee.

If you have any questions regarding this matter, please do not hesitate to contact our office,

Very truly yours,

Sandra A. Mantzaris

Legal Assistant, Corporate Maintenance

Enclosures

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