

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91404 032 \*\*\*150.00

**DOCUMENT # L62775**

1. Entity Name  
**HOSPITALITY LINEN SERVICES, INC.**



Principal Place of Business  
**1701-A 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3004539**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**A.G.C. CO.  
200 S ORANGE AVE  
SUITE 2300  
ORLANDO FL 32801-3432**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT KIENTLE, RICHARD J. 1701 A EASTERN AVE ST CLOUD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS KIENTLE, JUDITH A. 1701 A EASTERN AVE ST CLOUD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Judith A. Kientle President 1701-A Eastern Ave. St. Cloud FL 34769</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Richard S. Kientle Vice President 1701-A Eastern Ave. St. Cloud, FL 34769</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute 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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE: [Signature] President 4-22-03 407-528-1130**

CR2E034 (10/02)

*Attachment*  
**BAKER**  
&  
**HOSTETLER** LLP  
COUNSELLORS AT LAW

70050819  
L62775

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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