2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # L67977** 1. Entity Name STAR-BRITE LAUNDROMAT, INC. 05-03-2001 90975 042 ***150.00 Principal Place of Business Mailing Address 71 E. INDIANTOWN RD. 71 E. INDIANTOWN RD. JUPITER FL 33477 JUPITER FL 33477 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2629697 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITE, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 71 E. INDIANTOWN ROAD JUPITER FL 33477 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD Change ☐ Delete TITLE VIRGINIA M WHITE TITLE NAME WHITE, VIRGINIA M NAME 7015 SE CUTLER TRAIL STREET ADDRESS STREET ADDRESS 322 AOLOA, APT, #304 CITY-ST-ZIP STUART FL 34997 CITY-ST-7IP KAILUA HI 96734 Change ☐ Addition ☐ Delete TITLE CHARLES TITLE VSD E WhITE 7018 SE CUTLER TRAIL NAME NAME WHITE, CHARLES E STREET ADDRESS STREET ADDRESS 902 SOUTHWEST 20TH CT. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33456 Delete Addition Change TITLE TITLE NAME NAME _ == STREET ADDRESS STREET ADDRESS 902 SOUTHWEST 20TH CT. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33456 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 empowered to execute this report as required by Chapter 602, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: