FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am Secretary of State DOCUMENT # P00000005535 1. Entity Name 02-24-2002 90046 008 ***150.00 RB LAUNDROMATS, INC. Principal Place of Business Mailing Address % BJ'S LAUNDROMATS & CLEANERS % ROBERT D. ROYSTON, JR. 50 PINE ISLAND RD..#6 P.O. DRAWER 60205 NO. FT. MYERS FL 33903 FT. MYERS FL 33906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0979063 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Audress of Current Registered Agent 7. Name and Address of New Registered Agent كالمجاوج وبتناوي والأراب الماليان والأرابة ROYSTON, ROBERT D JR. Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD., STE. 101 FORT MYERS FL 33907 City 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Change TITLE Delete NAME BURGER, ROBERT L NAME STREET ADDRESS 20317 LEOPARD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ESTERO FL 33928-2026 ☐ Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET 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 empowered to execute this report as required by Chapter 607, 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.