

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90117 012 ***150.00

DOCUMENT # P00000022552

1. Entity Name
24/7 COIN LAUNDRY INC.



Principal Place of Business
**1020 N EDGEWOOD AVE #5
JACKSONVILLE FL 32254**

Mailing Address
**12316 FLYNNWOOD RD
JACKSONVILLE FL 32223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3648239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDISON, STEWART G
12324 FLYNNWOOD RD
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name

EDISON STEWART G

Street Address (P.O. Box Number is Not Acceptable)

12316 FLYNNWOOD RD

City

JACKSONVILLE

FL

Zip Code

32223

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

Stewart G. Edison

2/10/03

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 **P** ☐ Delete
NAME **EDISON, STEWART G**
STREET ADDRESS **12324 FLYNNWOOD RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **TS** ☐ Delete
NAME **EDISON, DONNA**
STREET ADDRESS **12324 FLYNNWOOD RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **EDISON STEWART G**
STREET ADDRESS **12316 FLYNNWOOD RD**
CITY-ST-ZIP **JAX, FL 32223**

TITLE **TS** ☒ Change ☐ Addition
NAME **EDISON DONNA**
STREET ADDRESS **12316 FLYNNWOOD RD**
CITY-ST-ZIP **JAX, FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stewart G. Edison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

904-262-4273

Daytime Phone #

CR2E034 (10/02)