

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90145 044 ***150.00

DOCUMENT # P00000035471

1. Entity Name

VERO BEACH LAUNDRY, INC.



Principal Place of Business

**810 21ST ST.
VERO BEACH FL 32960**

Mailing Address

**4235 14 STREET
VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

810 21ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BCH FL

Zip

Country

Zip

Country

32960

INDIAN RIVOK

4. FEI Number

65-1005601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINKLE, ROBERT

4235 14 STREET

VERO BEACH FL 32960

Name

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

810 21ST STREET

City

VERO BCH

FL

Zip Code

32960

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

ROBERT R. HINKLE PRES.

DATE

1/4/03

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HINKLE, ROBERT**
STREET ADDRESS **4235 14 STREET**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☒ Change ☐ Addition
NAME **810 21ST STREET**
STREET ADDRESS **VERO BCH FL 32960**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **HINKLE, SON O**
STREET ADDRESS **4235 14TH ST**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☒ Change ☐ Addition
NAME **810 21ST STREET**
STREET ADDRESS **VERO BCH FL 32960**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03
Date

772-567-2176
Daytime Phone #

CR2E034 (10/02)