

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED**Feb 15, 2001 8:00 am**
Secretary of State

01-26-2001 90061 037 ***150.00

DOCUMENT # P00000042738

1. Entity Name

HIPP LAUNDRY, INC.

Principal Place of Business

**6025 STATE ROAD 54
NEW PORT RICHEY FL 34652**

Mailing Address

**6025 STATE ROAD 54
NEW PORT RICHEY FL 34652**

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

59-3642139

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JANEZIC, JOSEPH
4815 E. BUSCH BLVD., #113
TAMPA FL 33617**

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:

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001. Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	KATHY HIPP	
STREET ADDRESS	8215 TARSIER AVE	
CITY- ST- ZIP	N. P. R. FL 34653	
TITLE	V.P. - TREASURER	<input type="checkbox"/> Delete
NAME	JACK HIPP	
STREET ADDRESS	8215 TARSIER AVE	
CITY- ST- ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

727-875-1258

Daytime Phone #

CR2E034 (10/00)