

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075020

1. Entity Name

MARIA'S KWIK KING LAUNDROMAT, INC.

FILED

Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90030 005 ***150.00

0629185

Principal Place of Business Mailing Address
5301 SE HWY 484 5301 SE HWY 484
BELLEVUE FL 34420 BELLEVUE FL 34420

00000040

2. Principal Place of Business 3. Mailing Address
11850 SE Hwy 484 2940 SE Lake Weir Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
Bellevue, Florida Ocala, Florida
Zip Country Zip Country
34420 Marion 34471 Marion

4. FEI Number Applied For
59-3665368 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SABOEREN, JAMES 5301 SE HWY 484 BELLEVUE FL 34420		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 Christopher K. Lee Christopher K. Lee 1-8-01
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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABOEREN, JAMES 2940 SE LAKE WEIR AVE OCALA FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, CHRISTOPHER K 2940 SE LAKE WEIR AVE OCALA FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Christopher K. Lee 1-8-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)