

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092121

1. Entity Name
GATEWAY COIN LAUNDRY, INC.

Principal Place of Business

5290 H NORWOOD AVE.
JACKSONVILLE FL 32208

Mailing Address

118 JACKSON RD. #9
JACKSONVILLE FL 32225

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

59-3674241

Applied For

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

Name

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

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

Sign without typed or printed name of registered agent and filer's address.

(NOTE: Registered Agent's signature required when withdrawing.)

4/23/2001

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
SCIABARASI, PHILIP
118 JACKSON RD., #9
JACKSONVILLE FL 32225

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
DE ANTONIS, JOHN
118 JACKSON RD., #9
JACKSONVILLE FL 32225

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
MYASKOVSKY, THEODORE
118 JACKSON RD., #9
JACKSONVILLE FL 32225

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CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP

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CITY-STATE-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 supporting statement is true and accurate and that my signature shall have the same legal effect as if made under oath. 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, changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2001

(904) 642-0296

Date

Telephone



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)