

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 031 ***150.00

001274 AT

DOCUMENT # P00000092121

1. Entity Name

GATEWAY COIN LAUNDRY, INC.



Principal Place of Business

5290 N NORWOOD AVE
JACKSONVILLE FL 32208

Mailing Address

118 JACKSON RD. #9
JACKSONVILLE FL 32225

JACKSONVILLE FL 32225

2. Principal Place of Business

118 JACKSON RD.

3. Mailing Address

Suite, Apt. #, etc.

#9

City & State

JACKSONVILLE FL

Zip

32225

Country

USA

Zip

Country

4. FEI Number

59-3674241

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

MYASKOVSKY, THEODORE

118 JACKSON RD., #9

JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

JOHN De ANTONIS

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

118 JACKSON RD. #9

City

JACKSONVILLE

FL

Zip Code

32225

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 *John De Antonis*
Signature, typed or printed name of registered agent and title if applicable.

JOHN De ANTONIS

4/24/2003
DATE

(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

TITLE P
NAME SCIABARASI, PHILIP
STREET ADDRESS 118 JACKSON RD., #9
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 *John De Antonis* REQUIRE JOHN De ANTONIS 4/24/2003 9045454558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)