FILED Mar 12, 2002 8:00 am

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P01000011546 02-05-2002 90036 014 ***150.00 PUNTA GORDA COIN LAUNDRY & LP GAS, INC. Principal Place of Business Mailing Address 17134 211 E MARION AVE 211 E MARION AVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apr. #, etc. چاد سے 🗕 City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLSEY, RONALD A Street Address (P.O. Box Number is Not Acceptable) 211 E MARION AVE PUNTA GDRDA FL 33950 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE Change TITLE PRES. WILLSEY, RONALD A NAME NAME STREET ADDRESS 211 E MÁRION AVE STREET ADDRESS CRY-ST-ZIP CITY-ST-7IP PUNTA GORDA FL 33950 Delete TITLE Change Addition Jennifer Willsey NAME NAME UP + SEC STREET ADDRESS STREET ADDRESS Forda, FL 33960 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Oeleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Change Addition ☐ Delete TITLE TRE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP C/TY-S1-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.