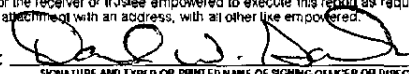


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91839 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000019304			
1. Entity Name TIMUQUANA COIN LAUNDRY INC.			
Principal Place of Business 5101 TIMUQUANA RD. SUITE #5 JACKSONVILLE, FL 32210		Mailing Address 5438 NANETTE COURT JACKSONVILLE, FL 32244	
2. Principal Place of Business 5101 Timuquana Rd Suite, Apt. #, etc. Suite 5 City & State Jacksonville FL Zip 32210 Country DUAL		3. Mailing Address 5101 Timuquana Rd Suite, Apt. #, etc. Suite 5 City & State Jacksonville FL Zip 32210 Country DUAL	
			
☒ CHECK HERE IF MAKING CHANGES			
4. FEI Number 37-1417753		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNS, MILTON 6640 TIMUQUANA RD JACKSONVILLE, FL 32221		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when appointing) Signature, typed or printed name of my bonded agent and title if applicable (NOTE: Registered Agent signature required when appointing) DATE _____			
FILE NOW! FEES \$160.00 After May 1, 2003 Fee will be \$660.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, DANIEL W 5438 NANETTE COURT JACKSONVILLE, FL 32244 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, DANIEL W. 45032 OAK TRAIL CALLAHAN FL 32011 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, MARILYN L 5438 NANETTE COURT JACKSONVILLE, FL 32244 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, MARILYN L 45032 OAK TRAIL CALLAHAN, FL 32011 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: 		4/24/03 904-573-9048	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)