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)

70051034

DOCUMENT # P01000019304

1. Entity Name
TIMUQUANA COIN LAUNDRY INC.

Principal Place of Business	Mailing Address
5101 TIMUGUANA RD. SUITE #5 JACKSONVILLE, FL 32210	~~5438 NANETTE COURT~~ ~~JACKSONVILLE, FL 32244~~

2. Principal Place of Business	3. Mailing Address
5101 Timuquana Rd	5101 Timuquana Rd
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.: Suite 5
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32210 Country: Duval	Zip: 32210 Country: Duval

☒ 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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			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 OAKTRAIL 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
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CR2E034 (10/02)

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: [signature] 4/24/03 904-573-5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #