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

May 02, 2003 8:00 am Secretary of State P02000005540 DOCUMENT # 1. Entity Name 05-02-2003 90195 026 ***150.00 KING LAUNDROMAT, INC. Principal Place of Business Mailing Address 1414 1ST STREET NORTH 1414 1ST STREET NORTH WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-0578249 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Malik Baloch</u> ANGUS, ROBERT W Street Address (P.O. Box Number is Not Acceptable) = 1362 HAVENDALE BOULEVARD WINTER HAVEN FL 33881 1416 1st Street North Zip Code City Winter Haven 33881 8. The above named entity submits this statement for the purpose of changing ts registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Malik Baloch, Vice President equired when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE President Change ☐ Addition TITLE KHAN, HASSAN NAME NAME STREET ADDRESS 1414 1ST STREET NORTH STREET ADDRESS 6253 Indian Meadows WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32819 Change ☐ Delete Vice President **X**] Addition TITLE TITLE NAME NAME Malik Baloch STREET ADDRESS STREET ADDRESS 1416 1st Street North CITY-ST-ZIP CITY-ST-ZIP Winter Haven, FT. ☐ Delete TITLE TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

Malik Baloch URE REQUES

Date

FILED

Daytime Phone #