

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91909 005 ***158.75

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DOCUMENT # P02000038579

1. Entity Name
IMAGE LAUNDRY, INC.



Principal Place of Business
2290 NE 43 STREET
OCALA FL 34479

Mailing Address
2290 NE 43 STREET
OCALA FL 34479

2. Principal Place of Business

3. Mailing Address

PO Box 4440

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala

FL

Zip

Country

Zip

34478

Country

4. FEI Number

04-3648648

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

7. Name and Address of New Registered Agent

LINDSEY, CYNTHIA
2290 NE 43 STREET
OCALA FL 34479

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
P
RIONDA, GEORGE L
2338 NW 193 AVENUE
PEMBROKE PINES FL 33029

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LINDSEY, CYNTHIA
2290 NE 43 STREET
OCALA FL 34479

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
☒ Change ☐ Addition

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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:

SIGNATURE REQUIRED
Cynthia Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Lindsey

4/27/03
Date

352/840-7088
Daytime Phone #

CR2E034 (10/02)