2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State
07-17-2003 90035 037 ***150.00

0123456 AT

DOCUMENT # P02000046004

1. Entity Name
EMERALD COAST LAUNDRY & DRY CLEANING, INC.

Principal Place of Business	Mailing Address
114 SANDALWOOD LANE PANAMA CITY BCH FL 32413	114 SANDALWOOD LANE PANAMA CITY BCH FL 32413

2. Principal Place of Business	3. Mailing Address
3900 E. 11th St.	114 Sandalwood Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, Fl.	City & State: Panama City, Fl.
Zip: 32401 Country: Bay	Zip: 32413 Country: Bay

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3653909 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAFDARI-SADALOO, JAVAD
114 SANDALWOOD LANE
PANAMA CITY BCH FL 32413

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 $550.00
After September 10, 2003 Fee will be $750.00
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	PT SAFDARI-SADALOO, JAVAD 114 SANDALWOOD LANE PANAMA CITY BCH FL 32413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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: Susan Safdari-Sadaloo VP/S 07/15/03 (850) 233-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #