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

DO NOT WRITE IN THIS SPACE

DOCUMENT # 7030000 42800 The Laundry Express Company



## FILED Apr 06, 2004 8:00 am Secretary of State

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2. Principal Place of Business		3. Mailing Address		1	
57 Fox Run Circle		57 Fox Run Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For
	and ville, FL	Crawfordui	110 I)	30-0166916	Not Applicable
Zip	Country	Zip	Country	_ ¢2	.75 Additional
3,53.		3,5351	USA		Required
	and the second of the second o	The state of the s	AND	7. Name and Address of Current Registered Ag	ent
State of the second	The second secon	en e	Name T	5-11 That is	
	DO NOT W	RITE	Street Address	(P.O. Box Number is Not Acceptable)	
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enger Sweet in the second seco	IN THIS SF	ACE	57 F	ox Run Circle	·
			City		Zip Code
		er er dan de er gegener aug g		wtorkoille	3525
		r the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am famil	iar with, and accept
i ile obligatio	ons of registered agent.				
OLONIATION					
SIGNATURE _	signature, typed or printed name of registered agent	and title if applicable. (NOTE;	Registered Agent signature require	d when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
	uary 1 - May 1 Fee la \$150.00				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	After May 1, Fee is \$550.00 Amended UBR is \$61.25			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check	Payable to Florida Department of	State		must rand Contribution.	Added to rees
10.	OFFICERS AND	DIRECTORS	Angelogia 2 Marie Car.		TO SERVICE AND ARTISTS
TITLE	P		TITLE		
	Food, Balazs		NAME		
STREET ADDRESS	Frank Balazs 57 fox Run Circle		STREET ADDRESS		The state of the s
CITY-ST-ZIP	Crawfordville, FI	37777	CITY-ST-ZIP		
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	57 Fax Run Circle		STREET ADDRESS	Country of the countr	A SERVICE SERVICE
	Crawfordville, FL	つつスフブ	CITY-ST-ZIP		A STATE OF THE PARTY OF
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NAME		****	NAME	IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY ST. 21P		A

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 on an attachment with an address, with all the relief of the corporation of the receiver or trustee empowered.

SIGNATURE: