


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

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

04-06-2004 90026 013 ***150.00

DOCUMENT # P03000042800	
1. Entity Name The Laundry Express Company	

DO NOT WRITE IN THIS SPACE

44025038

2. Principal Place of Business 57 Fox Run Circle Suite, Apt. #, etc.		3. Mailing Address 57 Fox Run Circle Suite, Apt. #, etc.	
City & State Crawfordville, FL		City & State Crawfordville, FL	
Zip 32327	Country USA	Zip 32327	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 30-066916		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Frank Balazs		
Street Address (P.O. Box Number is Not Acceptable) 57 Fox Run Circle			
City Crawfordville			FL Zip Code 32327

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frank Balazs 57 Fox Run Circle Crawfordville, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Teresa Balazs 57 Fox Run Circle Crawfordville, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04

Date

850-544-4222

Daytime Phone #

CR2E034B (12/02)