

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90031 041 ***150.00

ALL-SAX LINEN SERVICE, Inc

✓ ✓

659460

DO NOT WRITE IN THIS SPACE

DOCUMENT # *P-93000013390*

1. Entity Name

Principal Place of Business

Mailing Address

*1905 WALNUT ST
 SAX FL 32206*

2. Principal Place of Business

3. Mailing Address

P.O. Box 3647

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SAX, FL

4. FEI Number

59-3364464

Applied For

Not Applicable

Zip

Country

32206

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME *J. H. RAINGS, PRES* ☐ Delete
 STREET ADDRESS *1905 WALNUT ST*
 CITY-ST-ZIP *SAX FL 32206*

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

TITLE NAME *K. A. RAINGS* ☐ Delete
 STREET ADDRESS *3126 STADJUN DR*
 CITY-ST-ZIP *TALL, FL 32086*

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. H. RAINGS, PRES

Date

Daytime Phone #

4-10-01

CR2E034 (11/00)

Attachment

659460

P93000613390

JAMES RAINES
1905 WALNUT ST
JACKSONVILLE, FL 32226

Request taken by: yfisher
04-04-2001

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*Please change mailing address to
1905 Walnut St
JACK, FL 32206.*