

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

05-05-2003 92184 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80113117

DOCUMENT # P93000013390			
1. Entry Name ALL-JAX LINEN SERVICE, INC.			
Principal Place of Business 1905 WALNUT ST. JACKSONVILLE, FL 32206		Mailing Address 1905 WALNUT ST. JACKSONVILLE, FL 32206	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3384466		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAINES, J.H. 1905 WALNUT ST. JACKSONVILLE, FL 32206		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 date if applicable. (NOTE: Registered Agent Signature required when electing.) DATE _____			
9. Election Campaign Financing Trust Fund Contribution, ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAINES, J.H. 1905 WALNUT ST. JACKSONVILLE, FL 32206 ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAINES, K.A. 3126 STADJUM DR. TALL, FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, term of office or other like empowered.			
SIGNATURE: 		J.H. RAINES 4/30/03 904.355-7112	

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