2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000021031**

HILLSIDE CENTER LAUNDROMAT, INC.

SIEBERT, RONALD L

OCALA FL 34470

2673 EAST SILVER SPRINGS BLVD.

9. This corporation is eligible to satisfy its Intangible

SIEBERT, JAMES R

P.O. BOX 223 N/A

ORANGE LAKE FL 32681

2201 S.E. 14TH AVENUE

SIEBERT, RONALD L

OCALA FL 34471

Tax filing requirement and elects to do so.

(See criteria on back)

11.

NAME

NAME

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

CITY-ST-ZIP

Principal Place of Business		Mailing Address		
2673 EAST SILVER SPRINGS BLVD. OCALA FL 34470		2673 EAST SILVER SPRINGS BLVD. OCALA FL 34470		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

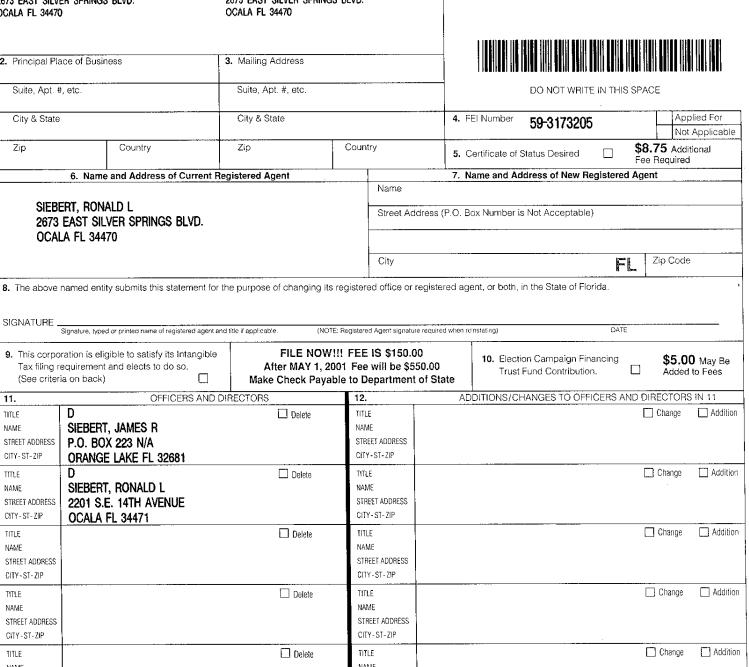
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILED Apr 19, 2001 8:00 am Secretary of State

04-19-2001 90321 029 ***150.00



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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE MAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

Addition