

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085542

1. Entity Name

~~DESTIN MAYTAG LAUNDRY, INC.~~

DESTIN COMMERCIAL LAUNDRY, INC.

Principal Place of Business

Mailing Address

803 HWY 98E
DESTIN FL 3241
US

175 KEL-WEN CIRCLE
DESTIN FL 32541-3712
US

2. Principal Place of Business

132 AZALEA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

DESTIN, FL.

City & State

4. FEI Number

59-3222154

Applied For

Not Applicable

Zip

32541

Country

OKALOOSA

Zip

Country

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

**LANG, ROBERT C
175 KEL-WEN CIRCLE
DESTIN FL 32541**

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, 2000 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 ☐ Delete
NAME **V**
STREET ADDRESS **LANG, ROBERT C**
CITY-ST-ZIP **175 KEL-WEN CR. DESTIN FL**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **LANG, ROBERT C**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **LANG, COLLEEN M**
CITY-ST-ZIP **175 KEL-WEN CR. DESTIN FL**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SMITH, AMY S**
CITY-ST-ZIP **154 LOLA CIRCLE DESTIN FL**

TITLE ☒ Change ☐ Addition
NAME **VICE-PRESIDENT**
STREET ADDRESS **SMITH, AMY S.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 (850) 837-8718

Date

Daytime Phone #

CR2E034 (9/99)