

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000022025**

1. Entity Name

SEMINOLE COIN LAUNDRY INC.

APPROVED
AND
FILED

00 MAR 22 PM 1:05

Principal Place of Business

Mailing Address

1915 W. Pensacola Rd. TALL. FL 32304

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1915 W. Pensacola Rd

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

4. FEI Number

59-3232560

Applied For

Not Applicable

Zip

32304

Country

LEON

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

**J.C. PATEL
819 McGuire Ave
TALL FL 32303**

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/22/2000
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 **President** ☐ Delete
NAME **JASHBHAI C. PATEL**
STREET ADDRESS **1915 W. PENSACOLA RD**
CITY-ST-ZIP **TALL. FL 32304**

☐ Change ☐ Addition
700003186477-3
-03/28/00--01020--002
*****150.00 ***150.00**

TITLE **SAROT BEN. PATEL** ☐ Delete
NAME **SAROT BEN. PATEL**
STREET ADDRESS **1915 W. PENSACOLA RD**
CITY-ST-ZIP **TALL. FL 32304**

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

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000
Date

Date

Daytime Phone #

KE

CR2E034 (9/99)