

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0045228 AV

DOCUMENT # **P94000022025**

1. Entity Name
SEMINOLE COIN LAUNDRY INC.



FILED

03 FEB 11 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1915 W PENSACOLA RD.
TALLAHASSEE FL 32304**

Mailing Address
**1915 W PENSACOLA RD.
TALLAHASSEE FL 32304**

2. Principal Place of Business
Suite, Apt. #, etc. _____

3. Mailing Address
Suite, Apt. #, etc. _____

City & State
1915 W PENSACOLA RD 1915 W PENSACOLA RD

Zip
32304

Country
LEON

4. FEI Number **59-3232560** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PATEL, J.C.
819 MCGUIRE AVE
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent
Name **PATEL, J.C**
Street Address (P.O. Box Number is Not Acceptable)
819 MCGUIRE AVE
City **TALLAHASSEE FL** Zip Code **32304**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 PATEL, J C 819 MCGUIRE AVE TALLAHASSEE FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, S J 819 MCGUIRE AVE TALLAHASSEE FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400012565244 02/14/03--01007--008 **350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Date **1-1-2003** Daytime Phone # **850 386 7353**

CR2E034 (10/02)