FILED

2001 UNIFORM BUSINESS REPORT (UBR)

an address, with

INTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PE

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P94000047323 1. Entity Name BEACH LAUNDRY, INC. 04-16-2001 90250 043 ***150.00 Principal Place of Business Mailing Address 37 VIA DELUNA DRIVE 37 VIA DELUNA DRIVE 3 9 0 9 0 4 + PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3251833 Not Applicable 4 ما ما ما Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANCER, RICHARD P III 37 VIA DELUNA DRIVE PENSACOLA BEACH FL 32561 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. word SIGNATURE (NOTE: Registered Agent signature required when reinstating) lagent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ; □, Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Delete TITI F TITLE DANCER, RICHARD P., III NAME NAME 6073 CLAY CIRCLE STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE DANCER, VIVIAN L. NAME NAME 6073 CLAY CIRCLE STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12