Mar 21 02 04:35p Tudor Villas 2
03/16/2002 13:35 9419451831 PATRICIA L NELLY

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90971 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064545

1. Entity Name
Palm City Linen & Textile Service Co.

DO NOT WRITE IN THIS SPACE

B00057460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
916 S E 13th Place	916 S E 13th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral Florida	City & State: Cape Coral Florida
Zip: 33990 Country: USA	Zip: 33990 Country: USA

4. FEI Number: 65-0628114 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Stephen W. Haywood
Street Address (P.O. Box Number is Not Acceptable): 3613 DelPrado Blvd
City: Cape Coral FL Zip Code: 33904

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: _____ 3/21/02
Signature, type or print 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) ☐

Amount Enclosed
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

TITLE	D
NAME	Stephen W. Haywood
STREET ADDRESS	3613 DelPrado Blvd
CITY-ST-ZIP	~~Cape Coral, FL 33904~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/21/02 (239)945-1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #