## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 31, 2000 08:00 AM DOCUMENT # P95000093660 1. Entity Name **Secretary of State** USA LINEN SERVICES, INC. Principal Place of Business Mailing Address 1738 WOOLCO WAY 7878 CANYON LAKE CIRCLE ORLANDO FL ORLANDO FL 328358201 32822 2. Principal Place of Business 3. Mailing Address 5329 WATERVISTA DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL 59-3347319 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 328215542 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAH BIPIN 7878 CANYON CIRCLE Street Address (P.O. Box Number is Not Acceptable) 5329 WATERVISTA DRIV E ORLANDO $\mathbf{FL}$ 328358201 City Zip Code ORĹANDO 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. 03/31/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD Delete TILE PSD X Change ☐ Addition SHAH BIPIN NAME SHAH BIPIN R STREET ADDRESS 7878 CANYON LAKE CIRCLE STREET ADDRESS 5329 WATERVISTA DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32835 ORLANDO 328215542 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.