

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 010 ***150.00

DOCUMENT # P95000096727

1. Entity Name

WHOLESALE COMMERCIAL LAUNDRY EQUIPMENT, INC.

Principal Place of Business

Mailing Address

5124 W SAN JOSE
TAMPA FL 33629
US

5124 W SAN JOSE ST
TAMPA FL 33629-6415
US

2. Principal Place of Business

3. Mailing Address

28 FLORAL AVE

28 FLORAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KEY HAVEN

KEY HAVEN

City & State

City & State

KEY WEST, FL

KEY WEST, FL

Zip

Country

Zip

Country

33040

USA

33040

USA

4. FEI Number

65-0629943

Applied

Not Applied

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

DENNIS M HARKER, PRES
5124 W SAN JOSE ST
TAMPA FL 33629

Name

DENNIS M. HARKER, PRES

Street Address (P.O. Box Number is Not Acceptable)

28 FLORAL AVE

KEY HAVEN

City

KEY WEST

FL

Zip Code
33040

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, typed or printed 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)

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
Added to Fee:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE **P** ☐ Delete
NAME **HARKER, DENNIS M**
STREET ADDRESS **5124 W SAN JOSE ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **P.** ☐ Change ☒
NAME **DENNIS M. HARKER**
STREET ADDRESS **28 FLORAL AVE**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **VP** ☐ Delete
NAME **HARKER, DEBRA L**
STREET ADDRESS **5124 W SAN JOSE ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **U.P.** ☐ Change ☒
NAME **DEBRA L HARKER**
STREET ADDRESS **28 FLORAL AVE**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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TITLE ☐ Change ☐
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment, with an address, with an officer like empowered.

SIGNATURE:

305-294-711
1-26-2000
ACQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #