

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90105 038 \*\*\*150.00

**DOCUMENT # P95000096727**

1. Entity Name  
**WHOLESALE COMMERCIAL LAUNDRY EQUIPMENT, INC.**



Principal Place of Business  
**28 FLORAL AVE  
KEY HAVEN  
KEY WEST FL 33040  
US**

Mailing Address  
**28 FLORAL AVE  
KEY HAVEN  
KEY WEST FL 33040  
US**

2. Principal Place of Business  
**3085 Bridgepoint Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3085 Bridgepoint Rd.**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Southside, AL**  
Zip  
**35907**  
Country  
**USA**

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**Southside, AL**  
Zip  
**35907**  
Country  
**USA**

4. FEI Number **65-0629943**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DENNIS M HARKER, PRES  
28 FLORAL AVE  
KEY WEST FL 33040**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>HARKER, DENNIS M</b>	
STREET ADDRESS <b>28 FLORAL AVE</b>	
CITY-ST-ZIP <b>KEY WEST FL 33040</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>HARKER, DEBRA L</b>	
STREET ADDRESS <b>28 FLORAL AVE</b>	
CITY-ST-ZIP <b>KEY WEST FL 33040</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARKER, Dennis M.</b>	
STREET ADDRESS <b>3085 Bridgepoint Rd.</b>	
CITY-ST-ZIP <b>Southside, AL 35907</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Debra L. HARKER</b>	
STREET ADDRESS <b>3085 Bridgepoint Rd.</b>	
CITY-ST-ZIP <b>Southside, AL 35907</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-03 220-413-7623**

Date

Daytime Phone #

CR2E034 (10/02)