2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000077787 1. Entity Name



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90119 005 ***150.00

DANCO LAUNDRIES, INC.						<i>)</i>		
Principal Place of Business 7071 N. MAIN STREET JACKSONVILLE FL 32208			Mailing Address 3355 DEERFIELD PT DR ORANGE PARK FL 32073 US					
2. Principal P	Place of Business	3. Mailing Address					I IBBULABBU IND HONTO BUTAN DODIAN DODIAN BUTAN KADIK UDAKU HOBUH HONTO KBUT HOUT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State			City & State			4.	FEI Number 59-3405475 Applied For Not Applicable	
Zip	Country Zip Cou			Coun	itry	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			
					Name			
	Susan G f. Hood & Associates, Inc.		5			Street Address (P.O. Box Number is Not Acceptable)		
101 CENTURY 21 DRIVE, SUITE 115								
JACKSONVILLE FL 32216				City		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								
Signature, typed or printed name of registered agent and title if applicable. (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. S 5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS 11.					ΑĽ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIECKER, DANIEL J 3355 DEERFIELD PT DR			· I		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete TIT SIECKER, CLOUDIA NA 3355 DEERFIELD PT DR				· I		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		□ Defete □	NAM STRE	`	<u> </u>	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		☐ Delete		I		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	odife the ball the later and t	n shi n dilin-	Delete	CITY	E ET ADORESS - ST-ZIP	200tler	Change Addition	

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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,

SIGNATURE:

J SIRCLER 3-31-03