

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000085361**

1. Entity Name

**ANSHEL COIN LAUNDRY CORP****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90294 012 \*\*\*150.00

Principal Place of Business

**96 A E 30TH ST  
RIVIERA BEACH FL 33404  
US**

Mailing Address

**16418 S.W. TWO WOOD WAY  
INDIANTOWN FL 34956****646084**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3409883**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**LIPACK, SHELDON  
16418 S.W. TWO WOOD WAY  
INDIANTOWN FL 34956**

7. Name and Address of New Registered Agent

Name

**ANITA LIPACK**

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

**16418 S.W. TWO WOOD WAY**

City

**INDIANTOWN**

Zip Code

**34956**

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

*Anita Lipack***ANITA LIPACK, PRES****4/27/01**

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	SHELDON, LIPACK	
STREET ADDRESS	16418 SW TWO WOODWAY	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LIPACK, ANITA	
STREET ADDRESS	16418 SW TWO WOODWAY	
CITY-ST-ZIP	INDIANTOWN FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANITA LIPACK	
STREET ADDRESS	16418 S.W. TWO WOOD WAY	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anita Lipack***ANITA LIPACK****4/27/01****561-597-3788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)