

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085806

1. Entity Name

THE LAUNDRY LIST, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90083 031 ***150.00

Principal Place of Business

3469 WELWYN WAY
TALLAHASSEE FL 32308
US

Mailing Address

3469 WELWYN WAY
TALLAHASSEE FL 32308-8204

2. Principal Place of Business

3469 Welwyn Way

3. Mailing Address

3469 Welwyn Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

32308 U.S.A.

Zip

Country

32308 U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPINKS, KEVIN L
3469 WELWYN WAY
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

NA

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.

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 Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PTS
STREET ADDRESS SPINKS, KEVIN L
CITY-ST-ZIP 3469 WELWYN WAY
TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME V
STREET ADDRESS SPINKS, SANDRA S
CITY-ST-ZIP 3469 WELWYN WAY
TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

Kevin Spinks President

Date

4/18/00

Daytime Phone #

850/894-2350

CR2E034 (9/99)