2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000095521** May 15, 2000 8:00 am Secretary of State HILLSBORO COIN LAUNDRY, INC. 05-15-2000 90202 030 ***150.00 Principal Place of Business Mailing Address 3636 W. HILLSBORO BLVD. 3636 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442-9405 DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business 19M7 Madeira Vrive 1947 Madoira DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional Country Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VOLTURO, GREGORY Street Address (P.O. Box Number is Not Acceptable) 3636 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing regulrement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** TITLE ☐ Delete TITLE **VOLTURO, GREGORY** NAME NAME 1947 Modeina Drive STREET ADDRESS STREET ADDRESS 3636 W. HILLSBORO BLVD. Wester, FL 33327 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change ☐ Addition ☐ Delete TITLE TITLE PERRICONE, FRANK NAME 1447 Madeira Drive 3636 W. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS Weston, FL 33327 CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR