2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90140 009 ***150.00

DOCUMENT # P9 1. Entity Name HILLSBORO COIN LAUNDRY,		
Principal Place of Business	Mailing Address	

HILLSBORO COIN LAUNDRY, INC.				04-10-2003 9				
Principal Place 1947 MEDEIRA WESTON FL 3	= '		Mailing Address 1947 MEDEIRA DRIVE WESTON FL 33327			T I BONGBOT HAD TO HAVE BOTH A BONG BOTH	NA ROMA ORMO KOMA OMA	i Birit 11851 1481 1881
2. Principal F	Place of Busine	ss	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-0375779		Applied For Not Applicable		
Zip		Country	Zip	Coun	ntry	5. Certificate of Status Desired		5 Additional equired
	6. Name a	nd Address of Current	Registered Agent		ļ	7. Name and Address of New R	legistered Agent	
VOLTURO	, GREGORY				Name			
	EIRA DRIVE				Street Address	(P.O. Box Number is Not Acceptable)	
WESTON	FL 33327							
					City		FL Zip	Code
	named entity stions of register		y the purpose of changing	its registere	ed office or regist	ered agent, or both, in the State of Flo	📥	
SIGNATURE	Signature, typed or	printed name of registered agent	and title if applicable. (N	IOTE: Registere	d Agent signature requir	ed when reinstating)	4-5-0 DATE	<u> </u>
Δfte	r May 1 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of				9. Election Campaign Fin Trust Fund Contribution	n.	\$5.00 May Be Added to Fees
10.	DOTO	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFF		
TITLE NAME	PSTD VOLTURO, (1947 MADE	GREGORY	☐ Delete	TITLE Nam	E		Ch:	ange 🔲 Addition
STREET. ADDRESS CITY - ST - ZIP;	WESTON FL				í í			
T)T) [STRE	EET ADORESS ST-ZIP			
TITLE: NAME	VPD PERRICONE	33327	☐ Delete	STRE CITY TITLE	EET ADORESS - ST-ZIP		☐ Cha	ange Addition
	VPD PERRICONE 1947 MADE WESTON FL	. 33327 , Frank Ra drive	☐ Delete	STRE CITY TITLE NAM STRE	EET ADORESS - ST-ZIP		☐ Chr	ange Addition
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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:

YATHYENEOTHED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #