2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019840 Jul 31, 2000 8:00 am 1. Entity Name **Secretary of State** TITUS LAUNDRY SERVICES, INC. 07-31-2000 90005 007 ***550.00 Principal Place of Business Mailing Address 6000 RADIO ROAD 6000 RADIO ROAD NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3434936 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -----TITUS, ROBERT P 8143 PALOMINO DR NAPLES FL 34113 his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITI F TITLE Delete TITUS, ROBERT P NAME NAME Lely Island Circle STREET ADORESS STREET ADDRESS 8143 PALOMINO DR. CITY-ST-ZIP CITY-ST-7/P NAPLES FL 34113 Change ☐ Addition ☐ Delete TITLE TITLE 889 Lely Island Circle TITUS, OLIVIA E NAME STREET ADDRESS 8143 PALOMINO DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 ☐ Addition ☐ Delete TITLE TITUS, ROBERT-P JR: NAME STREET ADDRESS STREET ADDRESS 8143 PALOMINO DR. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

Douting Phase #