

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056751

1. Entity Name

TROPICAL LAUNDRY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90075 004 ***150.00

Principal Place of Business

3617 CROWN PT RD
 #4
 JACKSONVILLE FL 32257
 US

Mailing Address

3617 CROWN PT RD
 #4
 JACKSONVILLE FL 32257-9010
 US

2. Principal Place of Business

3617 Crown Point Rd.

3. Mailing Address

P.O. Box 24668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1

City & State
 Jacksonville FL

City & State
 Jacksonville FL

Zip
 32257

Country
 USA

Zip
 32241

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465157

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MEREDITH ALLEN
 3617 CROWN POINT RD
 #4
 JACKSONVILLE FL 32257

Name

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

SUITE #1

City Jacksonville

FL

Zip Code 32257

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALLEN, NORMA J	
STREET ADDRESS	3617 CROWN POINT RD #4	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MEREDITH A	
STREET ADDRESS	3617 CROWN PT RD #4	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 24668
CITY-ST-ZIP	Jacksonville FL 32241
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 24668
CITY-ST-ZIP	Jacksonville FL 32241
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)