2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90074 046 ***150.00

DOCUMENT # P97000056751

1. Entity Name
TROPICAL LAUNDRY, INC.

Principal Place of Business	Mailing Address
3617 CROWN PT RD SUITE 4 JACKSONVILLE FL 32257 US	PO BOX 24668 JACKSONVILLE FL 32257 US

2. Principal Place of Business	3. Mailing Address
3617 Crown Pt Rd.	P.O. Box 24668
Suite, Apt #, etc. #1	Suite, Apt. #, etc.
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

HERNANDEZ, MEREDITH ALLEN
3617 CROWN POINT RD
SUITE 1
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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 Meredith Allen Hernandez 3/15/01
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, 2001, 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	PTD	☐ Delete
NAME	ALLEN, NORMA J	
STREET ADDRESS	PO BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	VSD	☐ Delete
NAME	HERNANDEZ, MEREDITH A	
STREET ADDRESS	PO BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE		
NAME		
STREET		
CITY-		
TITLE		
NAME		
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CITY		☐ Addition
TITLE		
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CITY		☐ Change ☐ Addition
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CITY		☐ Change ☐ Addition
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NAME		
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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: M A Hernandez 2/8/01 904-288-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034