2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am DOCUMENT # P97000070921 **Secretary of State** BRIGHT & CLEAN LAUNDROMAT, INC. 05-03-2001 90986 023 ***150.00 Principal Place of Business Mailing Address 5161 ORANGE GROVE BLVD 5161 ORANGE GROVE BLVD N FT MYERS FL 33903 N FT MYERS FL 33903 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0782577 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SATTERLY, JEAN Street Address (P.O. Box Number is Not Acceptable) 5161 ORANGE GROVE BLVD N FT MYERS FL 33903 Zip Code City FI 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. (NOTE: Registered Agent signature required when reinstating) 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 3R2E034 (10/00) ☐ Delete TITLE Change Addition TITLE SATTERLY, JEAN NAME NAME 5161 ORANGE GROVE BLVD STREET ADDRESS STREET ADDRESS N FT MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE JOHNSTON, MARK NAME NAME 5161 ORANGE GROVE BLVD STREET ADDRESS STREET ADDRESS N FT MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

MATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARK Johnston

941-652.4122

FILED

Daytime Phone #