

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064590

1. Entity Name

ABC LAUNDRY MAYPORT ROAD, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90187 006 ***150.00

Principal Place of Business

Mailing Address

13581 OSPREY POINT DRIVE
JACKSONVILLE FL 32224

13581 OSPREY POINT DRIVE
JACKSONVILLE FL 32224-3020

2. Principal Place of Business

Various Locations

3. Mailing Address

13581

Suite, Apt. #, etc.

3581 Osprey Pt. Dr.

City & State

JAX, FL

Zip

32224

Country

U.S.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3527231

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

BOWLUS, MICHAEL ESQ
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

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

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

TITLE ☐ Delete

NAME STRUB, MICHAEL

STREET ADDRESS 13581 OSPREY POINT DRIVE

CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete

NAME STRUB, MARGARET

STREET ADDRESS 13581 OSPREY POINT DRIVE

CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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)