

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90248 022 \*\*\*150.00

DOCUMENT # **9980000064590**

1. Entity Name

**ABC Laundry @ MAYPORT Rd. INC.**

*NO NAME  
CAG  
18M*

Principal Place of Business

**1434 BEACH BLVD.  
JAX. BCH., FL. 32250**

Mailing Address

**3625 MARSH PARK  
JAX., FL. 32250**

2. Principal Place of Business

**1434 BEACH BLVD.**

3. Mailing Address

**3625 MARSH PK. CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JAX. BCH., FL.**

City & State

**JAX., FL.**

4. FEI Number

**59-3527231**

Applied For

Not Applicable

Zip

Country

**32250**

Zip

Country

**32250**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**Michael Bowlus, Esquire  
10110 San Jose Blvd.  
Jacksonville, Florida 32257**

7. Name and Address of New Registered Agent

**Ford, Jeter, Bowlus, Duss & Morgan, P.A.**

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

**10110 San Jose Blvd.**

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 **Michael Bowlus, VP for Ford, Jeter, Bowlus, Duss & Morgan, P.A.**

*Signature, typed or printed name of registered agent and agent 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 **President** ☐ Delete  
NAME **Michael Strub**  
STREET ADDRESS **3625 MARSH PK. CT**  
CITY-ST-ZIP **JAX., FL. 32250**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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: **Michael Strub**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01**

Date

**904 223 8812**

Daytime Phone #