

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, P.L. INC.** ✓
NO NAME CHANGE FROM

Principal Place of Business **1434 BEACH BLVD. JAX. BCH., FL. 32250**
 Mailing Address **3625 MARSH PARK CT. JAX., FL. 32250** C

2. Principal Place of Business **1434 BEACH BLVD.**
 Suite, Apt. #, etc.

3. Mailing Address **3625 MARSH PK. CT.**
 Suite, Apt. #, etc.

City & State **JAX. BCH., FL.**
 Zip **32250** Country

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4. FEI Number **59-3527231**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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
 Name **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.

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 NAME STREET ADDRESS CITY-ST-ZIP	president Michael Strub 3625 MARSH PK. CT JAX., FL. 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **4/23/01** **904 223 8812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #