2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000098469 Apr 20, 2000 8:00 am Secretary of State TRADEWINDS LAUNDROMAT, INC. 04-20-2000 90097 044 ***150.00 Principal Place of Business Mailing Address 2221 WEST PLATT STREET 2221 WEST PLATT STREET TAMPA FL 33606-1739 TAMPA FL 33606 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State Not Applicable 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 **AMERILAWYER** 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 12. PTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE WILLIAMS, ROBERT B NAME NAME STREET ADDRESS 2221 WEST PLATT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Delete Change Addition TITLE TITLE NAME WILLIAMS, HWA C NAMÉ STREET ADDRESS 2221 WEST PLATT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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

Date Dayting Phone #