

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
01-18-2000 90188 005 \*\*\*150.00

**DOCUMENT # P990000019786**

1. Entity Name  
**ABC LAUNDRY AT ROYAL PALMS, INC.**

Principal Place of Business      Mailing Address  
13581 OSPREY POINT DRIVE      13581 OSPREY POINT DRIVE  
JACKSONVILLE FL 32224      JACKSONVILLE FL 32224-3020

2. Principal Place of Business      3. Mailing Address  
**31 ROYAL PALMS DR**      Suite, Apt. #, etc.

City & State      City & State  
**Atl. Bch, FL 32233**      City & State  
Zip      Country      Zip      Country  
**32233**      **U.S.**

4. FEI Number      Applied For  
**59-3569223**      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  
**FORD, JETER, BOWLUS & DUSS, P.A.**      Name  
**10110 SAN JOSE BLVD.**      Street Address (P.O. Box Number is Not Acceptable)  
**JACKSONVILLE FL 32257**      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.      ☐      **FILE NOW!!! FEE IS \$150.00**  
Tax filing requirement and elects to do so.      After MAY 1, 2000 Fee will be \$550.00  
(See criteria on back)      ☐      **Make Check Payable to Department of State**  
10. Election Campaign Financing      ☐      **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STRUB, MICHAEL</b>		NAME		
STREET ADDRESS	<b>13581 OSPREY POINT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STRUB, MARGARET</b>		NAME		
STREET ADDRESS	<b>13581 OSPREY POINT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **MAICHAEL STRUB**      **1/11/00**      **904 220 7563**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2034 (9/99)