

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90168 045 \*\*\*150.00

**DOCUMENT # P99000038449**

1. Entity Name

**COMMERCIAL LAUNDRY DISTRIBUTORS, INC.**

Principal Place of Business

Mailing Address

**111 N. ORLANDO AVENUE  
 COCOA BEACH FL 32931**

**111 N. ORLANDO AVENUE  
 COCOA BEACH FL 32931**

**601756**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**116 N ORLANDO AVE**

3. Mailing Address

**116 N ORLANDO AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Cocoa Beach FL**

City & State

**Cocoa Beach FL**

4. FEI Number

**59-3585855**

Applied For

Not Applicable

Zip

**32931**

Country

**USA**

Zip

**32931**

Country

**USA**

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

**FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CLARK, KENNETH L**  
 CITY-ST-ZIP **5060 SCOTT ROAD  
 COCOA FL 32926**

TITLE ☐ Change ☒ Addition  
 NAME **VP**  
 STREET ADDRESS **CHRISTINA M. CLARK**  
 CITY-ST-ZIP **5060 SCOTT RD  
 COCOA FL 32926**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **WALTER G ALBERTSON III**  
 CITY-ST-ZIP **644 ALEXWOOD  
 HOPE MILLS NC 28348**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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:

**Kenneth L Clark**  
 Kenneth L Clark

**1/7/99**  
 Date

**321-784-0800**  
 Daytime Phone #

CR2E034 (9/99)