2000 UNIFORM BUSINESS REPORT (UBR) 7/ FILED DOCUMENT # P9900046109 Aug 08, 2000 8:00 am Secretary of State DELTONA LAUNDRYMAT INC. 08-08-2000 90002 024 ***400.00 07-18-2000 90091 041 ***150.00 Principal Place of Business Mailing Address 1890 PROVIDENCE BLVD. 1890 PROVIDENCE BLVD. DELTONA FL 32725 **DELTONA FL 32725-3879** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3578295 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent METZEGER, KEVIN Street Address (P.O. Box Number is Not Acceptable) 1820 1ST AVE. **DELAND FL 32724** Zip Code 8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. ed agent and litte if applicable (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. PRESIDEN.T ☐ Delete ☐ Change ☐ Addition CR2E034 (9/99 TITLE TITLE KEVIN METZEGER NAME NAME STREET ADDRESS STREET ADDRESS 1820 IST CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delate ☐ Change TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIF Change ☐ Addition TITLE Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7T ☐ Change ☐ Addition TITLE Delete TITLE NAME MAME

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STREET ADORESS

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 eccurate 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: SUMATURE AND TYPED OR PRESTED NAME OF REGIONAL OFFICER OR PRESCE

STREET ADDRESS

(904) 789-145)

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

attachment # P9900046109

1. Entity Nam	MENT # P99000 0 IA LAUNDRYMAT INC.	46109		\ -	J00 1440 2	~			
Principal Place of Business Mailing Address									
1890 PROVIDENCE BLVD. DELTONA FL 32725		1890 PROVIDENCE BLVD. DELTONA FL 32725							
2. Principal P	Place of Business	3. Mailing Address		- (
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	DO NOT WRITE	IN THIS SP	ACE		
City & State		City & State			Number 59~357829 5		$ \leftarrow$	oplied For	
Zip	Country	Zip	Country		ertificate of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		⁻ 7. Na	me and Address of New Rec	Istered Ag	ent		
			Name						
METZEGER, KEVIN 1820 1ST AVE.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
DEL	AND FL 32724		City				Zip Code	e	
	named entity submits this statement for the	· · · · · · · · · · · · · · · · · · ·				FL			
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	T		750.00	10. Election Campaign Finar Trust Fund Contribution.	DATE		May Be	
11.	OFFICERS AND DE	I	12.		ITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR!	S IN 11	
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13. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower on an attachment with an address with	nis filing does not qualify for the ue and accurate and that my se ered to execute his report as	e exemption stated in signature shall have the required by Chapter 6	Section 11 ne same leg 607, Florida	9.07(3)(i), Florida Statutes. I fi gal effect as if made under oa a Statutes; and that my name a	urther certify th; that I am appears in E	y that the ir i an officer 3lock 11 or	nformation or director Block 12 if	