

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90126 016 ***150.00

DOCUMENT # P99000075623

1. Entity Name

ALLIED LAUNDRY SYSTEMS OF NORTHWEST FLORIDA, INC ✓

Principal Place of Business

**1610 TENNESSEE AVENUE
 LYNN HAVEN FL 32444**

Mailing Address

**1610 TENNESSEE AVENUE
 LYNN HAVEN FL 32444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, FRANK A

1610 TENNESSEE AVENUE

LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

Jean F. TILLMAN

Street Address (P.O. Box Number is Not Acceptable)

1610 Tennessee Ave

City

Lynn Haven

FL

Zip Code

32444

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/22/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	TILLMAN, FRANK A	
STREET ADDRESS	1610 TENNESSEE AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean F. TILLMAN	
STREET ADDRESS	1610 Tennessee Avenue	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02

Date

Daytime Phone #

CR2EN34 (4/02)

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Mailing Address
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City

Lynn Haven

FL

Zip Code
32444

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

Jean F. Tillman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

04/03/02

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, 2002 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 **D** ☒ Delete
NAME **TILLMAN, FRANK A**
STREET ADDRESS **1610 TENNESSEE AVENUE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE **D** ☒ Change ☐ Addition
NAME **Jean F. Tillman**
STREET ADDRESS **1610 Tennessee Avenue**
CITY-ST-ZIP **Lynn Haven, FL 32444**

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

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

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SIGNATURE:

Jean F. Tillman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/02

Attachment
P0132335
Copy of this
original sent to
you along with
receipts from mailer

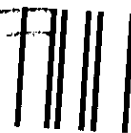
DO NOT WRITE IN THIS SPACE

Attachment
Document # 999000075623
B0132335

Sender: Please print your name, address, and ZIP+4 in this box.

Allied Laundry Systems
of NW FL
1600 Tennessee Ave.
Kryn Haven, FL
32444

First-Class Mail
USPS
Postage & Fees Paid
Permit No. 9-10



PM
APR 04 2002
32444

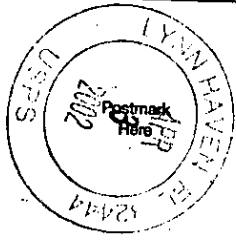
UNITED STATES POSTAL SERVICE

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

9712
5579
9000
0006
1940

Postage	\$.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.94



Sent To
Division of Corporation
Street, Apt. No.,
or PO Box No. P.O. Box 1500
City, State, ZIP+4
Tallahassee, FL 32302-1500
PS Form 3840, January 2002 See Reverse for Instructions

Division of Corporation
P.O. Box 1500
Tallahassee, FL

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Carl Crawford**
B. Signature **Carl Crawford**
C. Signature **Carl Crawford**
D. Is delivery address different from item 1? ☒ Yes ☐ No
If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
■ Attach this card to the back of the mailpiece, or on the front if space permits.
■ Print your name and address on the reverse
■ Item 4 if Restricted Delivery is desired.
■ Complete items 1, 2, and 3. Also complete so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.