2002 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2002 8:00 am DOCUMENT # Secrétary of State P99000075623 1. Entity Name 07-25-2002 90126 016 ***150.00 ALLIED LAUNDRY SYSTEMS OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 1610 TENNESSEE AVENUE 1610 TENNESSEE AVENUE LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip 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 TILLMAN, FRANK A Box Number is Not Acceptable) 1610 TENNESSEE AVENUE LYNN HAVEN FL 32444 8. The above named entity submits this statement for the purpose of changing its registered office of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME TILLMAN, FRANK A NAME STREET ADDRESS 1610 TENNESSEE AVENUE STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ike empowered.

SIGNATURE:

FILED

21	902 UNIFORM BUS	INESS REP	ORT (I	UBR)	V Was I	/)		
		00075623)		7 Mattachr	nent	•	
	ED LAUNDRY SYSTEMS OF NO	ORTHWEST FLORIC	DA, INC		1 00132335	this)	
Principa	ol Place of Business		<u> </u>		0.0	 L . ^	, i 	
	ENNESSEE AVENUE	Mailing Address			original	. Den	C 120	
LYNN H	TAVEN FL 32444	1610 TENNESSEE AVENUE LYNN HAVEN FL 32444		you alon	g wi	th.		
2. Princi	ipal Place of Business	3. Mailing Address						
Suite,	Apl. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	*************		
Cily &	Slate	City & State			4. FEI Number	IN THIS SPACE		
Zip	Country	Zip .	· Country	<u> </u>	NOT APPLICA		Applied For Not Applical	
	6. Name and Address of Current F	Registered Agent	-			Fee Boo	Additional uired	
TILLMA	AN, FRANK A		Nan		7. Name and Address of New Regi	stered Agent		
	1610 TENNESSEE AVENUE				Street Address (P.O. Bax Number in N			
	HAVEN FL 32444		Street Address (P.O. Box Number is Not Accordable) LELO LENNESSEE AVENUE					
				·				
8. The abo	Ove named entitles to	<u> </u>	City	Lynn	Haven	FL. 郊鸟	ode	
1 - 7 -	ove named entity submits this statement for the	he purpose of changing its	registered offic	e or registered	d agent, or both, in the State of Florida	_ <u>13</u> 2	3444	
SIGNATUR	E Che (t. c)	Un.		, -	r agoing or both, in the otale or inched	٠. ا		
	Signature, typed or printed name of registered agent and		E: Registered Agent sig	· · · · · · · · · · · · · · · · · · ·	04/0	13/02	•	
9. This cor	rporation is eligible to satisfy its laterails		A Pictorian Company	gnature required wil	ton reinstaling)	DATE		
l iaxiiinii	ig requirement and elects to do so.	After May 1, 200	UZ FAA WIII KA	L CEEN AA .	1 14, CICCUUII Campainn Einancii		· -	
11,		Make Check Payab	le to Departm	ent of State	Trust Fund Contribution.		.00 May Be led to Fees	
TITLE	OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFFICER			
NAME	TILLMAN, FRANK A	⊠ Delete	TITLE	D		S AND DIRECTOR		
STREET ADDRESS CITY-ST-ZIP	S 1610 TENNESSEE AVENUE		NAME STREET ADDRESS	Jean !	F. TILLMAN	II.3 Orningo	[_] Ationion	
TITLE	LYNN HAVEN FL 32444		CITY-ST-ZIP	Lynn	Ennesize Avenue Haven, Fl. 3244	ı \		
NAME		Defete Defete	TITLE	1-3	TIMER FL. DATT			
STREET ADDRESS CITY-ST-ZIP	; }		NAME STREET ADDRESS			Change	Addition	
TITLE	<u> </u>		CITY-ST-ZIP	·				
NAME		☐ Defete	TITLE	 				
STREET ADDRESS		l	NAME STREET ASSESSED			☐ Change	Addition	
CITY+S1-ZIP			STREET ADDRESS. CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE	+	·			
STREET ADDRESS			NAME			Change	Addition	
CITA-21-SIb			STREET ADDRESS CITY-ST-ZIP		•			
TITLE NAME		☐ Delete	TITLE	 				
STREET ADDRESS			NAME			☐ Change	☐ Addition	
Ctty-St-ZIP			STREET ADDRESS	j	•		j	
TITLE	4	Delete	CITY-ST-ZIP	<u> </u>			ſ	
TREET ADDRESS		Duotio	NAME	21 722 2		☐ Change -	Addition	
JTY-ST-ZIP ,	in the second of		STREET ADDRESS			A 1 12		
13. I hereby ca	artify that the information supplied with this fi	iling does not over!"	CITY-ST-ZIP	. 1 4, 1 4	<u> </u>		-	
of the corp.	ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	and accurate and that my side to execute this	exemption state ignature shall he	ed in Section 1 ave the same to	19.07(3)(i), Florida Statutes, I lurther e	certify that the inf	ormation	
SIGNATU	URE:	other the empowered.	, == ay 3/10 _F	pici doi, ribild	ga statutes; and that my name appear	Lam an officer o s in Block 11 or E	ir director Block 12 if	
	SUNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DI	RECTOR	04,	103/02	,	1	

tithties • Sender: Please print your name, address, and ZIP+4 in this box • Postage & Fees Paid First-Class Mail UNITED STATES POSTAL SERVICE U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 8 5579 34 Postage Certified Fee 2,10 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 1940 *EF42*5 Restricted Delivery? (Extra Fee) □ Insured Mail .d.o.o [2] Beturn Receipt for Merchandise benstaigeA □ Express Mail Certified Mail 3. Service Type If YES, enter delivery address D. Is deliver 1. Article Addressed to: or on the front if space permits. X Attach this card to the back of the mailpiece, DIOIWEIO so that we can return the card to you. C. Signature Frint your name and address on the reverse item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) ■ Complete items 1, 2, and 3. Also complete

SENDER: COMPLETE THIS SECTION

102595-00-M-0952

□ Xes

COMPLETE THIS SECTION ON DELIVERY