

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90144 012 \*\*\*150.00

**DOCUMENT # P99000108783**



1. Entity Name  
**LYNN HAVEN COIN LAUNDRY, INC.**

Principal Place of Business  
**1411 OHIO AVENUE  
LYNN HAVEN FL 32444**

Mailing Address  
**4639 BROOK FOREST DRIVE  
PANAMA CITY FL 32404**

**90012639**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3629939**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOPKA, ALBERT J III  
108 MOSLEY DRIVE  
LYNN HAVEN FL 32444**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LEGG, JANIE</b>	
STREET ADDRESS	<b>4639 BROOK FOREST DR</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404-9715</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LEGG, JAMES E</b>	
STREET ADDRESS	<b>4639 BROOK FOREST DRIVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404-9715</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEGG, JAMES E JR.</b>	
STREET ADDRESS	<b>4639 BROOK FOREST DR</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404-9715</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LEGG, DAVID M</b>	
STREET ADDRESS	<b>201 E 8TH ST</b>	
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>223 North Bonita Avenue</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8020 Highpoint Road</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 32404</b>	
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		

12. 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 10 or Block 11 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

**JANIE LEGG**

01-25-03

850-785-8270

Date

Daytime Phone #

CR2E034 (10/02)