2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # S03800** THE SCRUB TUB LAUNDRIES, INC. 03-02-2001 90030 008 ***150.00 Mailing Address Principal Place of Business 7070 PIONEETR ROAD 7070PIONEER ROAD W PALM BEACH FL 33413 W PALM BEACH FL 33413 2. Principal Place of Business 3. Mailing Address 412 TALL PINES ROAD 412 TALL PINES ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65 0244583 City & State City & State WEST PALM BCH, FL Not Applicable WEST PALM BCH Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33<u>413</u> PALM BCH 33413 PALM BCH 7. Name and Address of New Registered Agent Name LUCAS, JACK LUCAS, JACK Street Address (P.O. Box Number is Not Acceptable) 7070 PIONEER ROAD 412 TALL PINES ROAD W PALM BEACH FL 33413 Zip Code WEST PALM BEACH 33413 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ☐ Addition PTS ☐ Delete TITLE Change TITLE LUCAS, JACK NAME NAME 7070 PIONEER ROAD STREET ADDRESS STREET ADDRESS 412 TALL PINES ROAD CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL WEST PALM BEACH, FL. ☐ Delete TITLE TITLE LUCAS, MARIANNE NAME NAME 7070 PIONEER ROAD STREET ADDRESS 412 TALL PINES ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP W PALM BEACH FL WEST PALM BEACH, FL. 33413 Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED