

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90030 008 ***150.00

DOCUMENT # S03800
 1. Entity Name
THE SCRUB TUB LAUNDRIES, INC.

Principal Place of Business 7070 PIONEER ROAD W PALM BEACH FL 33413 US	Mailing Address 7070 PIONEER ROAD W PALM BEACH FL 33413 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 412 TALL PINES ROAD	3. Mailing Address 412 TALL PINES ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WEST PALM BCH, FL	City & State WEST PALM BCH, FL
Zip 33413	Country PALM BCH
Zip 33413	Country PALM BCH

4. FEI Number 65-0244583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUCAS, JACK
7070 PIONEER ROAD
W PALM BEACH FL 33413

7. Name and Address of New Registered Agent
 Name
LUCAS, JACK
 Street Address (P.O. Box Number is Not Acceptable)
412 TALL PINES ROAD
 City
WEST PALM BEACH **FL** Zip Code
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: *Jack Lucas, Pres.* DATE: **2/27/01**
Signature, typed 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 Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTS LUCAS, JACK 7070 PIONEER ROAD W PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCAS, MARIANNE 7070 PIONEER ROAD W PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 TALL PINES ROAD WEST PALM BEACH, FL. 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 TALL PINES ROAD WEST PALM BEACH, FL. 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack Lucas, Pres* DATE: **2/27/01** DAYTIME PHONE #: **561-697-9377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)