

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22818

1. Entity Name

FLORIDA COMMERCIAL LAUNDRY EQUIPMENT, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90005 048 ***150.00

Principal Place of Business

Mailing Address

~~501 15TH STREET EAST~~
~~BRADENTON FL 34208-2239~~

~~501 15TH STREET EAST~~
~~BRADENTON FL 34208-2239~~

2. Principal Place of Business

1527 8th Ave W

3. Mailing Address

1527 8th Ave W

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palmetto FL

City & State

Palmetto FL

4. FEI Number

65-0240813

Applied For

Not Applicable

Zip

Country

34221

Zip

Country

34221

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONAKER, DOUGLAS

~~501 15TH STREET E~~
~~BRADENTON FL 34208~~

Name

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

1527 8th Ave W

City

Palmetto

FL

Zip Code

34221

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS HONAKER, DOUGLAS
CITY-ST-ZIP ~~501 15TH ST. E~~ 1527 8th Ave W
~~BRADENTON FL~~ Palmetto FL 34221

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

TITLE ☐ Delete
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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: X

Douglas Honaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

Date

941-720-0302

Daytime Phone #

CR2E034 (9/99)