

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 011 ***150.00

DOCUMENT # S89076

1. Entity Name

LAUNDROMAT EXPRESS, INC.

Principal Place of Business

Mailing Address

5124 W SAN JOSE
 C/O STATEWIDE
 TAMPA FL 33629
 US

5124 W SAN JOSE ST
 TAMPA FL 33629-6415
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28 FLORAL AVE

3. Mailing Address

28 FLORAL AVE

Suite, Apt. #, etc.

KEY HAVEN

Suite, Apt. #, etc.

KEY HAVEN

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

59-3108284

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARKER, DENNIS M.
5124 W SAN JOSE ST
C/O STATEWIDE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

DENNIS M. HARKER

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

28 FLORAL AVE

KEY HAVEN

City

KEY WEST

FL

Zip Code

33040

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

[Handwritten 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 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HARKER, DENNIS M.	5124 W SAN JOSE ST	TAMPA FL 33629	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
P	HARKER, DENNIS M.	28 FLORAL AVE	KEY WEST, FL 33040	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #