

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55176

1. Entity Name

BEST LAUNDRY EQUIPMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90226 013 ***150.00

Principal Place of Business

Mailing Address

1127 N JEFFERSON
SARASOTA FL 34237
US

1127 N JEFFERSON
SARASOTA FL 34237-2911
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0345108**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SMITH, ROY C.
5149 BOCA RATON AVENUE
SARASOTA FL 34234

Name

ROY K. SMITH

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

3714 SAWYER RD.,

City

SARASOTA

FL

Zip Code
34232

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.

ROY K. SMITH
PRESIDENT

4/28/00

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

TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROY C.	
STREET ADDRESS	5149 BOCA RATON AVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, BARBARA SUE	
STREET ADDRESS	5149 BOCA RATON AVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, ROY	
STREET ADDRESS	2304 60TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, CY BENJAMIN	
STREET ADDRESS	1259 34TH ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROY K.	
STREET ADDRESS	3714 SAWYER RD., SARASOTA, FL	
CITY-ST-ZIP	34232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3714 SAWYER RD.	
CITY-ST-ZIP	SARASOTA, FL 34232	
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		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY K. SMITH 4/28/00
PRESIDENT

941-366-7323

Date

Daytime Phone #

CR2E034 (9/99)