

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90201 007 ***150.00

DOCUMENT # H44061

1. Entity Name

FLORIDA CAR WASH II, INC.

Principal Place of Business

**950 N HARBOR CITY BLVD
 MELBOURNE FL 32935
 US**

Mailing Address

**131C
 950 N. HARBOR CITY BLVD
 MELBOURNE FL 32935
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2870509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HARRINGTON, ROBERT L.
 950 N HARBOR BLVD
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **Robert L Harrington, Jr**

Street Address (P.O. Box Number is Not Acceptable)
950 N Harbor City Blvd

City **Melbourne**

FL

Zip Code **32935**

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, 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	PST	☒ Delete
NAME	HARRINGTON, ROBERT L.	
STREET ADDRESS	950 N. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☐ Delete
NAME	HARRINGTON, ROBERT L.	
STREET ADDRESS	950 N HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	☐ Delete
NAME	HARRINGTON, ROBERT L. JR	
STREET ADDRESS	950 N HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Robert L Harrington, Sr	
STREET ADDRESS	3855 Lakebreeze Blvd	
CITY-ST-ZIP	Melbourne, FL 32934-7713	
TITLE	P/D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Mar 01 321 242 1929
 Date Daytime Phone #

CR2E034 (10/00)