

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90232 004 ***550.00

0030827 AV

DOCUMENT # P00000061543
 1. Entity Name
CHI-TOWN CAR WASH, INC.

Principal Place of Business Mailing Address
6820 YELLOWSTONE LANE **6820 YELLOWSTONE LANE**
PARKLAND FL 33067 **PARKLAND FL 33067**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2320 West Pensacola St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TALAHASSEE FL
 Zip Country Zip Country
32304 **USA**

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BALLARD, WILLIAM R
6820 YELLOWSTONE LANE
PARKLAND FL 33067

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PTD	<input type="checkbox"/> Delete
NAME	OTOLIN, JAMES L	
STREET ADDRESS	2700 NE EXPRESSWAY, BUILDING A700	
CITY-ST-ZIP	ATLANTA GA 30345	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BALLARD, WILLIAM R	
STREET ADDRESS	6820 YELLOWSTONE LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHILLERSTROM, JOHN C	
STREET ADDRESS	P O BOX 303	
CITY-ST-ZIP	NAPERVILLE IL 60566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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: William R Ballard Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)