

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90006 039 ***150.00

DOCUMENT # P95000071696

1. Entity Name

TOUCHLESS LASER CAR WASH, INC.

Principal Place of Business

% LAWRENCE G. SUMMERFIELD
 2140 PAGET CIRCLE
 NAPLES FL 34112
 US

Mailing Address

% LAWRENCE G. SUMMERFIELD
 2140 PAGET CIRCLE
 NAPLES FL 34112
 US

2. Principal Place of Business

% Lawrence G. Summerfield

Suite, Apt. #, etc.
 4500 Lighthouse Ln

City & State
 Naples, FL

Zip
 3412

Country
 US

3. Mailing Address

Lawrence G. Summerfield

Suite, Apt. #, etc.
 4500 Lighthouse Ln

City & State
 Naples, FL

Zip
 34112

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0609838**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEEPLES, C P ESQ
 8889 PELICAN BAY BLVD.
 SUITE 300
 NAPLES FL 34108

7. Name and Address of New Registered Agent

Name **John A. Garner**
 Street Address (P.O. Box Number is Not Acceptable)
 Sullivan + Garner LLP
 800 Laurel Oak Dr., Suite 303
 City **Naples** **FL** Zip Code **34108**

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 *John A. Garner* **JOHN A. GARNER** **1/9/2002**
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERFIELD, LAWRENCE G 2140 PAGET CIRCLE NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERFIELD, PATRICIA A 2140 PAGET CIRCLE NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKHOFF, KEVIN P 7478 LOURDES CT NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKHOFF, DARCEY L 7478 LOURDES CT NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Summerfield, Lawrence G 4500 Lighthouse Ln Naples, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Summerfield, Patricia A 4500 Lighthouse Ln Naples, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE: *Lawrence G. Summerfield* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2002 **941-775-0051**
 Date Daytime Phone #

CR2E034 (9/01)