

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029351

1. Entity Name
WASH RITE INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90039 014 ***150.00

Principal Place of Business
**1080 WOODCOCK ROAD
SUITE 285
ORLANDO FL 32803-3514**

Mailing Address
**1080 WOODCOCK ROAD
SUITE 285
ORLANDO FL 32803-3528**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 149428
Suite, Apt. #, etc.

City & State
ORLANDO FL

Zip
32814-9428

Country
U.S.

4. FEI Number
59-3436139

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**VIVIANI, JAMES G
1509 NATCHEZ TRACE BLVD.
ORLANDO FL 32818**

7. Name and Address of New Registered Agent
Name
VIVIANI, James G
Street Address (P.O. Box Number is Not Acceptable)
9715 QUIET LANE
City
Winter Garden FL Zip Code
34787

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIVIANI, JAMES G		NAME		
STREET ADDRESS	1080 WOODCOCK ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803-3514		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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** **4/11/00** **(407) 656-0442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)