

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006335

1. Entity Name
FLEETWASH, INC. OF NEW JERSEY



Principal Place of Business
273 PASSAIC AVE.
FAIRFIELD NJ 07004

Mailing Address
P.O. BOX 1577
WEST CALDWELL NJ 07007-1577

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 22-2867084

Applied For

Not Applicable

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

LARNEY, WILLIAM
C/O FLEETWASH, INC.
1775 CENTRAL FLORIDA PKWY., SUITE D
ORLANDO FL 32837

Name

Street Address (P.O. Box Numbers 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	DIGIOVANNI, VITO	
STREET ADDRESS	273 PASSAIC AVE.	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE	VCST	<input type="checkbox"/> Delete
NAME	TALAMINI, GARY	
STREET ADDRESS	273 PASSAIC AVE.	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICCHELLI, NEIL	
STREET ADDRESS	35 HOLIDAY DR.	
CITY-ST-ZIP	WEST CALDWELL NJ 07006	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, ELIZABETH	
STREET ADDRESS	3801 VICTORIA DR.	
CITY-ST-ZIP	MT. KISCO NY 10549	
TITLE	V	<input type="checkbox"/> Delete
NAME	DICARLO, JAMES JR.	
STREET ADDRESS	273 PASSAIC AVE.	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of J. D. Carlini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

973-882-8314

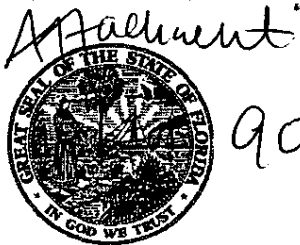
FILED
Aug 15, 2003 8:00 am
Secretary of State

08-01-2003 90062 049 ***158.75
08-15-2003 90079 009 ***400.00

30130094

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)



90150542

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 4, 2003

FLEETWASH, INC. OF NEW JERSEY
P.O. BOX 1577
WEST CALDWELL, NJ 07007-1577

Subject: FLEETWASH, INC. OF NEW JERSEY

Reference Number: F00000006335

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.75.

400.00 please mail back certified

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION