

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90198 046 ***150.00

DOCUMENT # 230142

1. Entity Name
TIMES SQUARE CARWASH INC

| | |
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| Principal Place of Business 1906 FOSTER DR JACKSONVILLE FL 32216 | Mailing Address PO BOX 10925 JACKSONVILLE FL 32247-0925 US |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

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|-------------------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business 2056 Atlantic Blvd. Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------------------------------------|-------------------------------------------|

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|-------------------------------------|-------------------------|
| City & State Jacksonville | City & State |
| Zip 32207 | Country Duval |

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|--------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-0881539 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LAURENDEAU, R J
 1906 FOSTER DR
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2056 Atlantic Blvd.
 City
Jacksonville FL Zip Code
32207

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 *R. J. Laurendeau* (NOTE: Registered Agent signature required when reinstating) DATE 4/25/00

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST LAURENDEAU, R J 1906 FOSTER DR JACKSONVILLE FL 32216-3105 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 an other like empowered.

SIGNATURE: *R. J. Laurendeau* **SIGNATURE REQUIRED** DATE 4/25/00 904/ 993-7546 Daytime Phone #

CR2E034 (9/99)