2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am **DOCUMENT # 349534 Secretary of State** 1. Entity Name UNLIMITED CARWASHING, INC. 03-21-2001 90079 026 ***150.00 Mailing Address Principal Place of Business 5150 SW 148TH AVENUE 5150 SW 148TH AVENUE FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330 732170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1269004 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIETTER, KARL C Street Address (P.O. Box Number is Not Acceptable) 5150 SW 148TH AVENUE FT LAUDERDALE FL 33330 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE Change NAME NAME RIETTER, ANITA L. STREET ADDRESS STREET ADDRESS 5150 SW 148TH AVENUE CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33330 TITLE STD ☐ Delete TITLE Change ■ Addition NAME NAME RIETTER, KARL C. STREET ADDRESS STREET ADDRESS 5150 SW 148TH AVENUE CITY-ST-ZIP CITY-ST-7IF FT-LAUDERDALE FL 33330 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED ANTTA L. RIETTER NAME OF SIGNING OFFICER OR DIRECTOR
PRESTDENT

changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/00)