## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 369166**

## CAR WASH EQUIPMENT & SUPPLY RYKO OF SOUTH FLORID

Principal Place of Business Mailing Address 11820 NW 37TH ST 11820 MW 37TH ST CORAL SPGS FL 33065-2537 CORAL SPGS FL 33065 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1365544 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACKEY, WILLIAM K 11820 NW 37TH ST CORAL SPGS FL 33065 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its littargible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TD Delete TITLE TITLE NAME MACKEY, WILLIAM K STREET ADDRESS STREET ADDRESS 11820 NW 37TH ST CITY-ST-ZIP CITY-ST-ZIE CORAL SPGS FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME REMILLARD, BRUCE NAME STREET ADDRESS STREET ADDRESS 11820 NW 37TH ST CITY-ST-7IP CITY-ST-ZIP CORAL SPGS FL ☐ Addition TITLE ☐ Delete TITLE NAME OVERMEYER, GEORGE NAME STREET ADDRESS STREET ADDRESS 11820 NW 37TH ST CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F

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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information s execute this report or like endowered. changed, or on an attachment with

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

AE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

FILED

May 01, 2000 8:00 am Secretary of State

05-01-2000 90468 017 \*\*\*150.00

☐ Change

☐ Addition