2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am Secretary of State DOCUMENT # 389906 1. Entity Name LINDLEY CAR WASH, INC. 05-15-2000 90246 040 ***150.00 Principal Place of Business Mailing Address 1401 BEACH BLVD 1401 BEACH BLVD JACKSONVILLE BEACH FL 32250-3409 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 59-1365431 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINDLEY, GEORGE A (SR.) Street Address (P.O. Box Number is Not Acceptable) 1401 BEACH BLVD. JACKSONVILLE_FL_32250 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Afte MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 115 图 Manager And Officers And Directors (本語) 编译 Change Addition A A desirable with 17 of A Good Lee Delete 2 A STATE OF THE STATE OF TITLE JOHNS, GREGORY NAME NAME STREET ADDRESS 12006 CANNES ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete ☐ Addition TITLE Change TITLE LINDLEY, GEORGE A SR NAME NAME STREET ADDRESS STREET ADDRESS 1401 BEACH BLVD CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE, FL 00000 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 1 NAME STREET ADDRESS STREET ADDRESS

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 ejecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR

SIGNATURE: