2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389906

1. Entity Name

LINDLEY CAR WASH, INC.

0037051 AV

Principal Place of Business	Mailing Address
1401 BEACH BLVD	1401 BEACH BLVD
JACKSONVILLE BEACH FL 32250	JACKSONVILLE BEACH FL 32250

☐ CHECK HERE IF MAKING CHANGES

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 59-1365431 — 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
LINDLEY,GEORGE A (SR.) 1401 BEACH BLVD. JACKSONVILLE FL 32250	Name Street Address (P.O. Box Number is 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: V NAME: JOHNS, GREGORY STREET ADDRESS: 12006 CANNES ST. CITY-ST-ZIP: JACKSONVILLE, FL 00000		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change	☐ Addition
TITLE: PD NAME: LINDLEY, GEORGE A SR STREET ADDRESS: 1401 BEACH BLVD CITY-ST-ZIP: JACKSONVILLE, FL 00000		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change	☐ Addition
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CR2E034 (10/02)

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]_ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/14/03

Daytime Phone #: 904-297-0290