

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 397795**

1. Entity Name

**TORNADO AUTO WASH, INC.****FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90024 027 \*\*\*150.00

04444



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>STAR ROUTE BOX 53-K BUNNELL FL 32110</b>		Mailing Address <b>STAR ROUTE BOX 53-K BUNNELL FL 32110</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1401875</b>		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 <b>OSSINSKY, LOUIS JR 101 CORSAIR DRIVE DAYTONA BEACH FL 32014</b>		7. Name and Address of New Registered Agent Name <b>OSSINSKY, LOUIS JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>444 SEABREEZE BLVD.</b> City <b>DAYTONA BEACH</b> FL Zip Code <b>32118</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		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	<b>PDT JOHNSON, ROGER S OLD KINGS RD S BUNNELL FL 32110</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDV JOHNSON, NANCY S OLD KINGS RD S BUNNELL FL 32110</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 all other like empowered.			
SIGNATURE: <b>Nancy S. Johnson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3-16-00</b> Daytime Phone # <b>(904) 672-3695</b>	

CR: E034 (9/99)