

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 397795

1. Entity Name  
TORNADO AUTO WASH, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90068 020 \*\*\*150.00

00039031



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>STAR ROUTE BOX 53-K<br>BUNNELL FL 32110 | Mailing Address<br>STAR ROUTE BOX 53-K<br>BUNNELL FL 32110 |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br>2299 Old Kings Road<br>Suite, Apt. #, etc. | 3. Mailing Address<br>2299 Old Kings Road<br>Suite, Apt. #, etc. |
|--|--|

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>Ormond Beach, FL | City & State<br>Ormond Beach, FL |
| Zip<br>32174-9356                | Country<br>Volusia               |

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-1401875  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

OSSINSKY, LOUIS JR  
444 SEABREEZE BLVD.  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>JOHNSON, ROGER S<br>OLD KINGS RD S<br>BUNNELL FL 32110 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PDT<br>JOHNSON, Roger S.<br>2299 Old Kings Road<br>Ormond Beach, FL 32174-9356 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SDV<br>JOHNSON, NANCY S<br>OLD KINGS RD S<br>BUNNELL FL 32110 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SDV<br>JOHNSON, Nancy S.<br>2299 Old Kings Road<br>Ormond Beach, FL 32174-9356 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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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: Nancy S. Johnson 4/11/01 386-672-3695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)