

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90734 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 529893

1. Entity Name
KEYS CAR WASH, INC.



Principal Place of Business
11055 OVERSEAS HWY
MARATHON FL 33050
US

Mailing Address
1760-109TH ST. GULF
MARATHON FL 33050

55045534



2. Principal Place of Business

3. Mailing Address

P.O. BOX 522737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MARATHON SHORES FL

4. FEI Number 59-1732001

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33052

USA

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

BURNS, JOHN

1760 109TH ST. GULF
MARATHON FL 33050

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P BURNS, JOHN
1760-109TH ST. GULF
MARATHON FL
PHYSICAL
ADD. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADDRESS Change
P.O. BOX 522737 MAILING
MARATHON SHORES FL 33052
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S BURNS, JAYNE
1760-109TH ST. GULF
MARATHON FL
PHYSICAL
ADD. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO BOX 522737 MAILING
MARATHON SHORES FL 33050
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Jayne Burns* SIGNATURE REQUIRED BURNS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

743-6005

Daytime Phone

CR2E034 (10/02)