

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90105 018 ***150.00

DOCUMENT # 544825

1. Entity Name
RAINBOW CAR WASH, INC.



Principal Place of Business
**6823 POTTSBURG DR
JACKSONVILLE FL 32216
US**

Mailing Address
**6823 POTTSBURG DR
JACKSONVILLE FL 32216
US**



2. Principal Place of Business
**5720 University Blvd W.
Suite, Apt. #, etc.**

3. Mailing Address
**P.O. Box 19065
Suite, Apt. #, etc.**

City & State
Jacksonville Florida
Zip
32216
Country
USA

City & State
Jax FL
Zip
32245
Country
USA

4. FEI Number
59-1766992

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHUSTER, RICHARD D.
6823 POTTSBURG DR
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name
RICHARD D. SCHUSTER
Street Address (P.O. Box Number is Not Acceptable)
6823 Pottsbury Dr.
City
Jacksonville FL Zip Code
32216

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 **Richard D. Schuster** **Richard D. Schuster** **3/13/03**
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

TITLE PD	<input type="checkbox"/> Delete
NAME SCHUSTER, RICHARD D.	
STREET ADDRESS 6823 POTTSBURG DR	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Richard D. Schuster** **3/13/03** **94 344-4255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)