

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-27-2003 900527022****6125
582761

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 582761					
1. Entity Name M & M CAR WASH, INC.					
Principal Place of Business 8401 BIRD RD MIAMI, FL 33155			Mailing Address C/O JOHN T. MCCOMB 5503 GROVE MANOR LADY LAKE, FL 32159		
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 59-1865141			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCCOMB, JOHN 6603 GROVE MANOR LADY LAKE, FL 32159			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	MCCOMB, JOHN T				
STREET ADDRESS	5503 GROVE MANOR				
CITY-ST-ZIP	LADY LAKE, FL 32159				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
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TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	S	☐ Change ☒ Addition			
NAME	Froilan Montalvo				
STREET ADDRESS	1185 S.W. 146 CT.				
CITY-ST-ZIP	Miami, FL 33184				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ 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)(1), 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 <u>John T. McComb</u> <u>John T. McComb</u> <u>6/24/03</u> <u>352-750-4355</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CPREC34 (10/02)