

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 29, 2001 08:00 AM****Secretary of State****DOCUMENT # A28707**1. Entity Name  
NATIONAL CAR WASH, LTD.

Principal Place of Business	Mailing Address
2202 33RD STREET	1909 BOBTAIL DRIVE
ORLANDO FL 32839	ORLANDO FL 32810

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1909 BOBTAIL DRIVE
City & State	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
MAITLAND FL	FL
Zip	Country
32751	

4. FEI Number	Applied For
59-2961083	Not Applicable

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

6. Name and Address of Current Registered Agent	
POZO JOE JR	
1909 BOBTAIL DRIVE	
ORLANDO FL	
32810 US	

7. Name and Address of New Registered Agent	
Name	
POZO JOE JR	
Street Address (P.O. Box Number is Not Acceptable)	
1909 BOBTAIL DRIVE	
City	FL
MAITLAND	Zip Code
	32751

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 \_\_\_\_\_ DATE **01/29/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 285.00	10. Amount of Capital Contributions in FLORIDA to date. 285.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	1909 BOBTAIL DRIVE
NAME	P.A.P., INC.	CITY-ST-ZIP	MAITLAND FL 32751
STREET ADDRESS	1909 BOBTAIL DRIVE		
CITY-ST-ZIP	ORLANDO FL 32810		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Joe pozo, pap, Inc. gp 01/29/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)