

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002047 AB

DOCUMENT # **A95000000992**

1. Entity Name

**WASH ENTERPRISES, LTD.**

FILED

02 SEP 16 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**1725 MAIN STREET  
FT. MYERS BEACH FL 33931**

Mailing Address

**1725 MAIN STREET  
FT. MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **65-0585508**

Applied For

Not Applicable

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

**TANNENBAUM, MICHAEL D  
2161 PALM BEACH LAKES BLVD., SUITE 304  
WEST PALM BEACH FL 33409**

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

DATE

9. Capital Contributions as Shown on record.

**\$400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$400,000.00**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #  
NAME **SHAW, ANDREW**  
STREET ADDRESS **1725 MAIN STREET**  
CITY-ST-ZIP **FT. MYERS BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

**600007851336--7**

**09/19/02--01061--020**

**\*\*\*\*935.00 \*\*\*\*935.00**

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CITY-ST-ZIP

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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:

*Andrew Shaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**8/27/02**

CR2E003 (4/02)