2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # H80971** 1. Entity Name GRIFFIN CAR WASH INC. 04-25-2001 90377 041 ***150.00 Principal Place of Business Mailing Address 12001 N 53RD ST 12001 N 53RD ST TAMPA FL 33617 TAMPA FL 33617 2. Principal Place of Business 3. Mailing Address 5129 Rolling HilloL Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2634082 Terrace FL Temple Teccaro rende Not Applicable \$8.75 Additional 3617 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stiffin, Eugene S. GRIFFIN, EUGENE S. Street Address (P.O. Box Number is Not Acceptable) 12001 N 53 ST **TAMPA FL 33617** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Griffin, Robin A. GRIFFIN, ROBIN A. NAME NAME 12001 N 53 ST STREET ADDRESS STREET ADDRESS 5120 Rolling Hill Cot CITY-ST-ZIP TAMPA FL CITY-ST-7IP TITLE ☐ Delete TITLE **GRIFFIN. EUGENE S** Griffin, Eugene S. NAME NAME 12001 N 53 ST 5120 Rolling Hill of. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP 33617 TITLE Delete TITLE CHange ☐ Addition GRIFFIN. DUANE R Griffin , Duane R. NAME NAME 5129 Rolling Hill ct. STREET ADDRESS 12001 N 53 ST STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY - ST - ZIP Temple Terrace TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7LP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.