

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90063 026 \*\*\*150.00

A0062475

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** H99424  
**1. Entity Name** RALLY CARWASH SYSTEMS, INC.

**Principal Place of Business** 2121 NW 67 PL  
 GAINESVILLE FL 32653  
**Mailing Address** 2121 NW 67 PL  
 GAINESVILLE FL 32653

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**4. FEI Number** 59-2643161  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 FB

**7. Name and Address of New Registered Agent**  
 Name: THOMAS REMBERT  
 Street Address (P.O. Box Number is Not Acceptable): 2121 NW 67 PL  
 City: GAINESVILLE FL Zip Code: 32653

**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)  
**DATE** 4-25-00

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back)

**10. Election Campaign Financing Trust Fund Contribution.**  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRESIDENT NAME: DAVIS M REMBERT STREET ADDRESS: 2018 NE 27 AVE CITY-ST-ZIP: GAINESVILLE FL 32601	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: DAVIS M REMBERT STREET ADDRESS: 13607 NW 50 ST CITY-ST-ZIP: GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: THOMAS REMBERT STREET ADDRESS: 2121 NW 67 PL CITY-ST-ZIP: GAINESVILLE FL 32653	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DATE:** 4-25-01  
**DAYTIME PHONE #:** 352-375-2512

CR2E034 (11/00)