

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90090 018 ***150.00

DOCUMENT # J80500

1. Entity Name
AUTO.SALON/CAR WASH, INC.

Principal Place of Business

1402 E VINE STREET
KISSIMMEE FL 34744

Mailing Address

~~1440 KINGSTON WAY~~
~~KISSIMMEE FL 34744~~

642933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2150 Emperor Dr

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34744

Country

Oscola

4. FEI Number 59-2816377

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

CLAYTOR, DAVE
~~1440 KINGSTON WAY~~
~~KISSIMMEE FL 34744~~

Name

CLAYTOR DAVE

Street Address (P.O. Box Number is Not Acceptable)

2150 Emperor Dr.

City

Kissimmee

FL

Zip Code

34744

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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 PD ☐ Delete
NAME COMPTON, BARRY
STREET ADDRESS 1331 WOODCREST BLVD
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CLAYTOR, DAVID
STREET ADDRESS 1440 KINGSTON WAY
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2150 Emperor Dr
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS SHAWN CLAYTOR
CITY-ST-ZIP 1353 Emerald Dr.
KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS SHAWN CLAYTOR
CITY-ST-ZIP 3575 Broadview Dr
KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: DAVID L. CLAYTOR V.P. *David L. Claytor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01 407 846-6348

CR2E034 (10/00)