2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # K10892** 1. Entity Name EXPRESS CAR WASH OF DELRAY, INC. 03-20-2000 90080 022 ***150.00 Mailing Address Principal Place of Business 500 EAST BROWARD BOULEVARD 500 EAST BROWARD BOULEVARD **SUITE 1950** FT. LAUDERDALE FL 33394-3004 FT, LAUDERDALE FL 33394-0079 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0032584 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOYLE, CONRAD J. Street Address (P.O. Box Number is Not Acceptable) 500 E. BROWARD BLVD. **SUITE 1950** FT. LAUDERDALE FL 33394-3079 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD Change TITLE ☐ Delete TITLE SHULLMAN, RICHARD NAME NAME STREET ADDRESS 500 E.BROWARD BLVD.#2050 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33394 Change Addition VTD TITLE ☐ Delete SHULLMAN, JOHN NAME STREET ADDRESS 500 E. BROWARD BLVD. #1950 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33394 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE SHULLMAN, MICHAEL NAME NAME STREET ADDRESS 500 E. BROWARD BLVD. #1950 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE FT. LAUDERDALE FL 33394 Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 ny name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/28/00

43 4 7300 Paytime Phone :

☐ Change

☐ Addition