

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90317 030 ***150.00

DOCUMENT # K10892

1. Entity Name
EXPRESS CAR WASH OF DELRAY, INC.

Principal Place of Business
500 EAST BROWARD BOULEVARD
SUITE 1950
FT. LAUDERDALE FL 33394-0079

Mailing Address
500 EAST BROWARD BOULEVARD
SUITE 1950
FT. LAUDERDALE FL 33394-0079

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0032584

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOYLE, CONRAD J.
500 E. BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE FL 33394-3079

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHULLMAN, RICHARD	
STREET ADDRESS	500 E. BROWARD BLVD. #2050	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHULLMAN, JOHN	
STREET ADDRESS	500 E. BROWARD BLVD. #1950	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHULLMAN, MICHAEL	
STREET ADDRESS	500 E. BROWARD BLVD. #1950	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of Michael Shullman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

203 249 2694
 Daytime Phone #

CR2E034 (9/01)