

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90505 002 ****55.00

DOCUMENT # L00000007601

1. Entity Name
NEIGHBORHOOD CAR WASH LIMITED COMPANY

Principal Place of Business Mailing Address
916 1/2 S. OREGON **916 1/2 S. OREGON**
TAMPA FL 33606-3010 **TAMPA FL 33606-3010**

2. Principal Place of Business 3. Mailing Address
6101 S. DALE MABRY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA FL
 Zip Country Zip Country
33614 **USA**

4. FEI Number Applied For
59-3673488 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~POLO, LIONEL R~~
916 1/2 S. OREGON
TAMPA FL 33606-3010

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGR POLO, LIONEL R 916 1/2 S. OREGON TAMPA FL 33606-3010		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Lionel R. Polo* **LIONEL R. POLO** 6/15/02 2813 6959034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)