

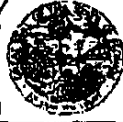
FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 049 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000008072

1. Entity Name
SUNCOAST CAR WASH LLC



Principal Place of Business
 5850 54TH AVE N
 KENNETH CITY, FL 33709

Mailing Address
 5850 54TH AVE N
 KENNETH CITY, FL 33709

30066902

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3658858		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
City & State		City & State				
Zip	Country	Zip	Country			

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, JOSEPH E 6601 60TH AVE N. PINELLAS PARK, FL 33781		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature should show address)

DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, JOSEPH E 6601 60 AVE N PINELLAS PARK, FL 33781 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR25963 (10/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/03 727 5445087