

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90039 013 ***150.00

DOCUMENT # L00070

1. Entity Name
SUNSHINE WASH AND WAX, INC.

Principal Place of Business

508 SE KYLE RD.
PORT ST. LUCIE FL 34984
US

Mailing Address

508 SE KYLE RD.
PORT ST. LUCIE FL 34984
US

2. Principal Place of Business

3. Mailing Address

3972 NW Goldenrod Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

City & State

Jensen Beach Florida

Zip

Country

Zip

Country

34957

4. FEI Number

65-0128109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTIEB, SHELDON L
10720 CARIBBEAN BLVD.
SUITE 240
MIAMI FL 33189

7. Name and Address of New Registered Agent

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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
UNGER, PETE
508 SE KYLE RD.
PORT ST. LUCIE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
UNGER, LISA ANN
508 SE KYLE RD.
PORT ST. LUCIE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA ANN UNGER **4/19/02** **772-336-7314**

Date

Daytime Phone #

CR2E034 (9/01)