

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90330 025 \*\*\*150.00

FORM 1001

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

**3972 NW GOLDENROD ROAD  
#204  
JENSEN BEACH FL 34957  
US**

2. Principal Place of Business

**4782 NW Irrington Terr  
Suite, Apt. #, etc.**

3. Mailing Address

**4782 NW Irrington Terr  
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

**Port Saint Lucie**

City & State

**Port Saint Lucie**

4. FEI Number

**65-0128109**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

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

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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 4/17/03 336-7314**

Date

Daytime Phone #

CR2E034 (10/02)