

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001195

1. Entity Name

SPARKLE CAR WASHES, LLC

Principal Place of Business

220 34TH STREET NORTH
ST. PETERSBURG FL 33713

Mailing Address

220 34TH STREET NORTH
ST. PETERSBURG FL 33713-8555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3560598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, STEPHENSON
220 34TH STREET NORTH
ST. PETERSBURG FL 33713

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete
NAME ANDERSON, STEPHENSON
STREET ADDRESS 864 3RD AVENUE SOUTH
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE MGRM ☐ Delete
NAME ANDERSON, JOHN E JR.
STREET ADDRESS 202 PASS-A GRILLE WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33607

TITLE MGRM ☐ Delete
NAME DEAN, DAVID M
STREET ADDRESS 7211 FIRSCO LANE
CITY-ST-ZIP SARASOTA FL 34241

TITLE MGRM ☐ Delete
NAME FOX, JAMES M JR.
STREET ADDRESS 4600 HAMLETS GROVE DRIVE
CITY-ST-ZIP SARASOTA FL 34235

TITLE MGRM ☐ Delete
NAME GAINES, MARY ANN
STREET ADDRESS 8453 CYPRESS LAKE CIRCLE
CITY-ST-ZIP SARASOTA FL 34243

TITLE MGRM ☐ Delete
NAME SOUZA, MARK A
STREET ADDRESS 6844 SUPERIOR STREET CIRCLE
CITY-ST-ZIP SARASOTA FL 34243

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME 800003123528--8
STREET ADDRESS -02/04/00--01004--017
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 OR MANAGER

Date

Daytime Phone #

FILED
00 FEB -2 PM 2:56
SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)

1-13-2000

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327-1900