

# 2001 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

2. Principal Place of Business

3. Mailing Address

575 2nd Ave So.

575 2nd Ave So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL

St. Petersburg, FL

Zip

Country

Zip

Country

33701

USA

33701

USA

6. Name and Address of Current Registered Agent

4. FEI Number 59-3560598

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003930942-0-0  
-03/30/01--01032--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

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

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

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

SIGNATURE REQUIRED

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

2-6-01

Date

Daytime Phone #

727-

897-9151

FILED  
01 MAR 23 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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