

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 007 ***150.00

DOCUMENT # M 65164

1. Entity Name

BROWARD MOBILE POWERWASH INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3560 NW 120th Way

Suite, Apt. #, etc.

3. Mailing Address

3560 NW 120th Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

650034380

Applied For

Not Applicable

Zip

33323

Country

Zip

33323

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH SCOTT

Street Address (P.O. Box Number is Not Acceptable)

3560 NW 120th Way

City

SUNRISE

FL

Zip Code

33323

**DO NOT WRITE
IN THIS SPACE**

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, type 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P	JUEL SCOTT
NAME		
STREET ADDRESS		3560 NW 120th Way
CITY- ST- ZIP		SUNRISE FL 33323
TITLE	VP	JOSEPH SCOTT
NAME		
STREET ADDRESS		3560 NW 120th Way
CITY- ST- ZIP		SUNRISE FL 33323
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH SCOTT

4/24/02

954-493

Date

Daytime Phone #