

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90741 045 \*\*\*150.00

DOCUMENT # P00000015387

1. Entity Name  
LUXURY CAR CARE, INC.



Principal Place of Business  
9636 ORANGE AVE  
ORLANDO FL 32824

Mailing Address  
P.O. BOX 361  
GOTHA FL 34734



2. Principal Place of Business

203 Taft Vineyard Rd

3. Mailing Address

14813 Day Lily Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Orl FL

City & State

Orl FL

4. FEI Number

59-3622077

Applied For

Not Applicable

Zip

32824

Country

Orange

Zip

32824

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEPP, MICHAEL  
535 DINGERS AVE  
PO BOX 361  
GOTHA FL 34734

7. Name and Address of New Registered Agent

Name

Lepp Michael

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

14813 Day Lily Ct

City

Orl

FL

Zip Code

32824

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

Michael Lepp

Michael Lepp

4-10-03

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

TITLE: D ☐ Delete  
NAME: LEPP, MICHAEL W  
STREET ADDRESS: P.O. BOX 361  
CITY-ST-ZIP: GOTHA FL 34734

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: Michael Lepp  
STREET ADDRESS: 14813 Day Lily Ct  
CITY-ST-ZIP: Orl FL 32824

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

907509 7167

Daytime Phone #

0693010 AV