

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90232 004 ***550.00

0030627 AV

DOCUMENT # P00000061543

1. Entity Name

CHI-TOWN CAR WASH, INC.

Principal Place of Business

**6820 YELLOWSTONE LANE
 PARKLAND FL 33067**

Mailing Address

**6820 YELLOWSTONE LANE
 PARKLAND FL 33067**

2. Principal Place of Business

2320 West Pensacola St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALAHASSEE FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

32304

Country

USA

Zip

Country

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

BALLARD, WILLIAM R

**6820 YELLOWSTONE LANE
 PARKLAND FL 33067**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PTD** ☐ Delete
 NAME **OTOLIN, JAMES L**
 STREET ADDRESS **2700 NE EXPRESSWAY, BUILDING A700**
 CITY-ST-ZIP **ATLANTA GA 30345**

TITLE **VD** ☐ Delete
 NAME **BALLARD, WILLIAM R**
 STREET ADDRESS **6820 YELLOWSTONE LANE**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **SD** ☐ Delete
 NAME **SCHILLERSTROM, JOHN C**
 STREET ADDRESS **P O BOX 303**
 CITY-ST-ZIP **NAPERVILLE IL 60566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William R Ballard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)