FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90501 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067593

1. Entity Name

mcm Professional Car Wash, Incorporated

DO NOT WRITE IN THIS SPACE

B3058759

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
490 Mary Esther Blvd	490 Mary Esther Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mary Esther, FL	City & State: Mary Esther, FL
Zip: 32569 Country:	Zip: 32569 Country:

4. FEI Number: 59-3656665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael AKers

Street Address (P.O. Box Number is Not Acceptable): 490 Mary Esther Blvd

City: Mary Esther **FL** Zip Code: 32569

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) ☐

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	President
NAME	~~Michael AKers~~
STREET ADDRESS	~~9201 Navarre Parkway~~
CITY-ST-ZIP	~~Navarre FL 32566~~
TITLE	Vice President
NAME	~~Carolyn AKers~~
STREET ADDRESS	~~9201 Navarre Parkway~~
CITY-ST-ZIP	~~Navarre FL 32566~~
TITLE	President
NAME	Michael AKers
STREET ADDRESS	197 North Hampton Circle
CITY-ST-ZIP	Ft. Walton Beach, Fl 32547
TITLE	V. President
NAME	Carolyn AKers
STREET ADDRESS	197 N. Hampton Circle
CITY-ST-ZIP	Ft. Walton Beach, Fl 32547
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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: Carolyn AKers Carolyn AKers Vice President 3/29/02 850 244-4894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #