

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90094 040 \*\*\*550.00

**DOCUMENT # P01000009038**

1. Entity Name  
**BEACHY CLEAN CAR WASH, INC.**

Principal Place of Business  
**24 WALTER MARTIN ROAD**  
**FT WALTON BEACH FL 32548**

Mailing Address  
**24 WALTER MARTIN ROAD**  
**FT WALTON BEACH FL 32548**

2. Principal Place of Business  
**5707 HWY 98 WEST**

3. Mailing Address  
**5707 HWY 98 WEST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**SANTA ROSA BEACH, FL**

4. FEIN Number  
**59-3694323**

Applied For  
 Not Applicable

Zip  
**32459**

Country  
**USA**

Zip  
**32459**

Country  
**USA**

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

**MEAD, MICHAEL W**  
**24 WALTER MARTIN ROAD**  
**FT WALTON BEACH FL 32548**

Name  
**MICHAEL F. MATZ c/o BEACHY CLEAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~90 SPIRES LANE #100~~  
**5707 HWY 98 W**  
 City  
**SANTA ROSA BEACH** **FL** Zip  
**32459**

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  
 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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>MATZ, MICHAEL F</b> <b>1875 WICKS VALLEY DR</b> <b>MARIETTA GA 30062</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PST</del> <del>MICHAEL F. MATZ</del> <del>90 SPIRES LANE #100</del> <del>SANTA ROSA BEACH, FL 32459</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<del>90 SPIRES LANE #100</del> <b>5707 HWY 98 WEST</b> <b>SANTA ROSA BEACH, FL 32459</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**MICHAEL F. MATZ**

Date

Daytime Phone #

**836 622-0737**

CR2E034 (4/02)