

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90228 045 \*\*\*150.00

**DOCUMENT # P01000028397**

**1. Entity Name**  
**EZ BLUE WASH ON THE GO. CORP**



**Principal Place of Business**  
**6500 GROVE BLVD**  
**PUNTA GORDA FL 33982**

**Mailing Address**  
**6500 GROVE BLVD**  
**PUNTA GORDA FL 33982**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-1087733**

Applied For  
Not Applicable

**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**

**SOUTHWEST PROFESSIONAL SERVICES OF SO FL**  
**13571 MCGREGOR BLVD #22**  
**FORT MYERS FL 33919**

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. 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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSEFINA L 6500 GROVE BLVD PUNTA GORDA FL 33982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, BRITTANY 6500 GROVE BLVD PUNTA GORDA FL 33982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, HENRY G 6500 GROVE BLVD PUNTA GORDA FL 33982	<input checked="" 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
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

CR2E034 (10/02)

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/03**  
Date  
**239-332-2403**  
Daytime Phone #

80031363

*EZ Blue Wash* Attachment DOC# P01000028397  
*ON THE GO* TAX TRANSMITTAL MEMO

The attached form is your: **FLORIDA CORPORATION ANNUAL REPORT**

You should file this now although it will not be delinquent until May 1st.  
If you fail to file this form, you will receive a reminder. If you still do not file, **YOUR CORPORATION WILL BE DISSOLVED BY THE STATE. REINSTATEMENT IS EXPENSIVE.**

**SIGN THE TAX FORM, MAKE YOUR CHECK FOR \$150.00 payable to SECRETARY OF STATE** and mail to: Division of Corporations, Annual Reports Section, P.O. Box 1500, Tallahassee, FL 32302-1500 in the enclosed envelope.

Return this to us. Date Paid 2/10/03 Check # 3037

TTM-20.FRM

E. K. Williams & Co. of Ft. Myers

*Mailed on 2/7/03*