

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050431

1. Entity Name

ISLAND PARK WASH & LUBE, INC.

Principal Place of Business

15909 SHADOW RUN COURT
FT MYERS FL 33912

Mailing Address

15909 SHADOW RUN COURT
FT MYERS FL 33912

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

65-1103693

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUROSKI, A. JAMES
15909 SHADOW RUN COURT
FT MYERS FL 33912

7. Name and Address of New Registered Agent

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

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	D SUROSKI, A. JAMES 15909 SHADOW RUN COURT FT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUROSKI, BARBARA A 15909 SHADOW RUN COURT FT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

JAMES SUROSKI 07-09-02

Date

Daytime Phone #

941-482-8406

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-16-2002 90360 024 ***150.00

40078



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

#P0100005041 / 40078

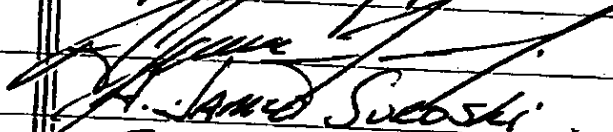
07-09-02

Dear Mark Harris,

12/02/0

I DID NOT RECEIVE A NOTICE BY THE
STATE THAT MY \$1500 WAS DUE. SINCE
THIS IS MY FIRST YEAR IN THIS BUSINESS
I RESPECTFULLY REQUEST A WAIVER
OF THE \$400.00 LATE FEE. ENCLOSED
IS MY CHECK IN THE AMT. OF \$1500.

Respectfully,


J. James Sueski

Registered Agent

ISLAND PALM WASH & KUBO INC.