

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90044 022 ***150.00

DOCUMENT # P01000076896

1. Entity Name

EAST UNIVERSITY CAR WASH INC.

Principal Place of Business

**408 W. UNIVERSITY AVE., SUITE 406
 GAINESVILLE FL 32601**

Mailing Address

**408 W. UNIVERSITY AVE., SUITE 406
 GAINESVILLE FL 32601**

2. Principal Place of Business

252 Cue Lake Dr.

3. Mailing Address

252 Cue Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hawthorne FL

Hawthorne, FL

4. FEI Number

59-3743391

Applied For

Not Applicable

32640

Putnam

32640

Putnam

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOPE, A. BICE
 408 W. UNIVERSITY AVE., SUITE 406
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

DEAN A. HAYNES

Street Address (P.O. Box Number is Not Acceptable)

252 Cue Lake Dr.

Hawthorne

FL

32640

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

**D HOPE, A. BICE
 408 W. UNIVERSITY AVE., SUITE 406
 GAINESVILLE FL 32601**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**DEAN A. HAYNES D/C/P Change
 GAIL B. HAYNES DNP/S/T
 252 CUE LAKE DR.
 HAWTHORNE, FL 32640**

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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

Date

Daytime Phone #

DEAN A HAYNES 2/4/02 (352) 246-5497

CR2E034 (9/01)