

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-21-2002 90044 023 ***150.00

DOCUMENT # P01000076901

1. Entity Name

HIGHWAY 20 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.

Suite, Apt. #, etc.

3. Mailing Address

252 Cue Lake Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hawthorne

Zip

FL

Country

32640

City & State

Hawthorne

Zip

FL

Country

32640

4. FFL Number

59-3743391

Applied For

Not Applicable

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

Name

DEAN A. HAYNES

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

252 CUE LAKE DR

City

HAWTHORNE FL

Zip Code

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

Dean A. Haynes

D/C/P

3/8/02

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

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

TITLE	0	<input checked="" type="checkbox"/> Delete
NAME	HOPE, A. BICE	
STREET ADDRESS	408 W. UNIVERSITY AVE., SUITE 406	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DEAN A. HAYNES D/C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL B. HAYNES D/VP/S/T	
STREET ADDRESS	252 Cue Lake Dr.	
CITY-ST-ZIP	Hawthorne, FL 32640	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Dean A. Haynes

2/4/02 (352) 246-5497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)