

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91509 023 ***150.00

0437216 AV

DOCUMENT # P01000083454

1. Entity Name

BALLAST POINT CAR WASH, INC.

Principal Place of Business

**4012 SAN NICHOLAS
TAMPA FL 33629**

Mailing Address

**4012 SAN NICHOLAS
TAMPA FL 33629**

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

59-3746031

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

**SCHECHT, NEIL S
3426 W. KENNEDY BLVD.
TAMPA FL 33609**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VAN ORDEN, JAMIE
4012 SAN NICHOLAS
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VAN ORDEN, EMILY
4012 SAN NICHOLAS
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

JAMIE VAN ORDEN

4/29/02 813-251-6204

Date Daytime Phone #

CR2E034 (9/01)

5/6/02

Attachment PO1000083454
7101328

TO WHOM IT MAY CONCERN:

BOTH OF THE ANNUAL REPORTS ENCLOSED ARE LATE.
THEY WERE PREPARED AND SENT OUT WITH MY PARTNER
TO BE MAILED ON 4/29/02 BUT WERE FORGOTTEN AND
LOST UNDER THE SEAT OF THE CAR.

I CANNOT AFFORD THE \$400 LATE FEE. PLEASE-PLEASE
ACCEPT THEM WITHOUT THE LATE FEE AND I ASSURE
YOU THEY WILL NEVER BE LATE AGAIN.

Thank You!
Jamie Van Orman