## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000083454 **DOCUMENT #**

1. Entity Name



03-07-2003 90061 035 \*\*\*150.00

**FILED** 

BALLAST POINT CAR WASH, INC.

Principal Place of Business Mailing Address 4012 SAN MICHOLAS

TAMPA FL 3	3629	TAMPA FL 33						
	Place of Business	3. Mailing Add	dress		I (BOTION) III NOURI III	41 MB461 <b>48</b> 1114 <b>83</b> 111 <b>88110</b> 1 # <b>8</b> 11	ED (1111 D) DA	DULIN BENT ENDI
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City & Sta	- ,	City.& State	<b>⇒</b> 400 ±4 ±		4. FEI Number 59-37	46031		oplied For .ot Applicable
3361	1410000000H			ıntry	5. Certificate of Status D	5. Certificate of Status Desired S8.75 Additional Fee Required		ditional
	6. Name and Address of Cui	rrent Registered Agen	t		7. Name and Address of			
				Name				
SCHECHT, NEIL S				Street Address (P.O. Box Number in Not Accomplete)				
3426 W. KENNEDY BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA F	L 33609							
				City	, , , ,	FL	Zip Cod	
and oppliga	e named entity submits this statement in a statemen	ent for the purpose of c	hanging its register	red office or regi	istered agent, or both, in the Sta	ate of Florida. I am fan	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered	popul and title if annih alth					<u></u>	
			(NOTE: Hegister	ed Agent signature req	quired when reinstating)	DATE		
F	TLE NOW!!! FEE IS \$150.00	,			9 Floation Comm	atas Firmatas		
Make Check	r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	.00 nt of State			9. Election Camp Trust Fund Co		\$5.0 Added	<b>0</b> May Be to Fees
10.	OFFICERS /	AND DIRECTORS	11.	<del></del>	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTOR'S	2 INI 11
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12. I hereby certify that the information supplied with his filling 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 upport 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 ortrustee 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 attacking twith an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

NEN PRES 3/4/03

813-251-6204

Mar 07, 2003 8:00 am Secretary of State