2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083454

1. Entity Name
BALLAST POINT CAR WASH, INC.

Principal Place of Business	Mailing Address
4012 SAN NICHOLAS	4012 SAN NICHOLAS
TAMPA FL 33629	TAMPA FL 33629

2. Principal Place of Business
3616 W. BALLAST POINT BLVD.
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip 33611
Country HILLSBOROUGH

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: VAN ORDEN, JAMIE STREET ADDRESS: 4012 SAN NICHOLAS CITY-ST-ZIP: TAMPA FL 33629	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: VAN ORDEN, EMILY STREET ADDRESS: 4012 SAN NICHOLAS CITY-ST-ZIP: TAMPA FL 33629	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Van Orden, Pres   3/4/03   813-251-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #