FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2002 8:00 am **Secrétary of State DOCUMENT #** P01000083689 05-27-2002 90337 042 ***150.00 1. Entity Name SUNSHINE SELF-SERVE CARWASH, INC. Principal Place of Business Mailing Address いいせいは 3648 SW 24 LANE 3648 SW 24 LANE **DELRAY BEACH FL 33445 DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1132512 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACON, PHILIP E Street Address (P.O. Box Number is Not Acceptable) 3648 SW 24 LANE **DELRAY BEACH FL 33445** City Zip Code FL 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TIT! F Delete TITLE P/D -enange ■ Addition (9/01 NAME BACON, PHILIP E NAME STREET ADDRESS 3848 SW 24 LANE STREET ADDRESS CR2E034 CITY-ST-7IF DELRAY BEACH FL 33445 CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change Addition . Bacon, Gretchen A. NAME NAME 3648 SW 24 Lane STREET ADDRESS STREET ADDRESS Delray Beach FL 33445 CITY-ST-ZIF CITY-ST-ZIF TITLE Delete ---TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ПΠЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. Thereby 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 it 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

DE Gretchen A. Bacon, Secy

4/30/02

561-498-4656