

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90126 035 ***150.00

DOCUMENT # P01000114783

1. Entity Name
PALM HARBOR CAR WASH, INC.



Principal Place of Business
**13116 CIMARRON CIR NORTH
LARGO FL 33774**

Mailing Address
**13116 CIMARRON CIR NORTH
LARGO FL 33774**

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 **75-3039909**

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

**ASLAN, KARAM
13116 CIMARRON CIR NORTH
LARGO FL 33774**

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	P	<input type="checkbox"/> Delete
NAME	ASLAN, KARAM	
STREET ADDRESS	13116 CIMARRON CIR NORTH	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	V	<input type="checkbox"/> Delete
NAME	KILISSALY, PAUL E	
STREET ADDRESS	13116 CIMARRON CIR NORTH	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASLAN, GABRIEL	
STREET ADDRESS	2976 SHANNON CIR.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SABA, FADI	
STREET ADDRESS	8830 BAYWOOD DR.	
CITY-ST-ZIP	LARGO FL 33777	
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"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03 (727) 786-7210
Date Daytime Phone #

CR2E034 (10/02)