

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115219

Entity Name

REFLECTIONS SELF SERVICE CAR WASH, INC.

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90121 029 \*\*\*150.00

Principal Place of Business  
 C/O SAMUEL DELUCCA  
 3705 DOCTORS LAKE DR  
 ORANGE PARK FL 32065

Mailing Address  
 C/O SAMUEL DELUCCA  
 3705 DOCTORS LAKE DR  
 ORANGE PARK FL 32065



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3749592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

DELUCCA, SAMUEL  
 3705 DOCTORS LAKE DR  
 ORANGE PARK FL 32065

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

## 1. OFFICERS AND DIRECTORS

NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	DELUCCA, SAMUEL	
CITY-ST-ZIP	3705 DOCTORS LAKE DR ORANGE PARK FL 32065	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 507, 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

Date

Daytime Phone #

CR2E034 (9/01)

904-269-8048 HOME  
 904-509-9182 CELL