2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90175 013 ***150.00

DOCUMENT # P02000003713

1. Entity Name
SUNSHINE CAR WASH, INC.

Principal Place of Business	Mailing Address
906 NE PARK STREET OKEECHOBEE, FL 33131	906 NE PARK STREET OKEECHOBEE, FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
511 NE PARK STREET	409 E EASY STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OKEECHOBEE, FL.	City & State: FT PIERCE, FL.
Zip: 34972 Country: US	Zip: 34982 Country: US

4. FEI Number: 04-3584458 ☐ 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
MOORE, ALBERT B ESQ. 1109 DELAWARE AVENUE FORT PIERCE, FL 34950	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/S/D PATRICIA HERNDON 409 E EASY ST. FT. PIERCE, FL. 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D JAMES F. HERNDON III 409 E EASY ST. FT. PIERCE, FL. 34982	☐ 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: Patricia Herndon President — 4/14/03 — 772-464-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #