

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90121 035 ***150.00

DOCUMENT # *P02000048770*

1. Entity Name

JON ARCHER MOBILE CAR WASH, INC.



DO NOT WRITE IN THIS SPACE

90056638

2. Principal Place of Business
17477 ORIOLE ROAD

3. Mailing Address
17477 ORIOLE ROAD

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
01-0697522

Applied For

Not Applicable

Zip Country
33912 USA

Zip Country
33912 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RUDOLPH MATLAND

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

12995 CLEVELAND AVENUE, SUITE 107

City Zip Code
FORT MYERS FL 33907

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD JON ARCHER 17477 ORIOLE RD FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 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 #

CR2E034B (12/02)