

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90214 021 ***150.00

DOCUMENT # P02000065959

1. Entity Name
QUICK WASH, INC.



Principal Place of Business
**4662 NICHOLS CREEK RD
MILTON FL 32583**

Mailing Address
**4662 NICHOLS CREEK RD
MILTON FL 32583**



2. Principal Place of Business

611 James Lee Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

City & State

4. FEI Number

76-0704747

Applied For

Not Applicable

Zip

Country

Zip

Country

32548

OKa 1005a

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

6. Name and Address of Current Registered Agent

**BUSSEY, MARVIN
611 JAMES LEE RD
FT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name

Bussey, Marvin F.

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

4662 Nichols Creek Rd.

City

Milton

FL

Zip Code

32583

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

TITLE **D** ☐ Delete
NAME **BUSSEY, MARVIN**
STREET ADDRESS **4662 NICHOLS CREEK RD**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **D** ☐ Delete
NAME **BUSSEY, BARBARA**
STREET ADDRESS **4662 NICHOLS CREEK RD**
CITY-ST-ZIP **MILTON FL 32583**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-20-03

CR2E034 (10/02)