## 2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORUNIFORM BUSINESS REPOR			03 8:00 am
DOCUMENT # P02000112609  1. Entity Name  CURLEW 24/7 CAR WASH, INC.		Secretary 01-21-2003 9019	
Principal Place of Business Mailing Address S09 COURT STREET CLEARWATER FL 33756  Mailing Address CLEARWATER FL 33756  CLEARWATER FL 33756			**************************************
2. Principal Place of Business  1545 5. Belcher 2 3. Mailing Address  1545 5. Suite, Apt. #, etc.  Suite, Apt. #, etc.	Betcher Ld		
City & State Clearwater H. City & State Clearwater	e 21	4. FEI Number	Applied For Not Applicable
33764 Finellas Zip 33764	Country: Nellas	5. Certificate of Status Desired	¢0.75
6. Name and Address of Current Registered Agent	Name	7.7 Name and Address of New Registe	ered Agent
KRUG, STEWART L 609 COURT STREET	<del>- ,</del>	P.O. Box Number is Not Acceptable)	change
CLEARWATER FL 33756	1545	5. Relcher Re	owy
8. The above named entity submits this statement for the purpose of changing it	City C/e		FL 3376 4
signature Trewart Will 3	STEWAY L KE	16 1	Tam familiar with, and accept  1/6/6   NATE
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 Pres Delete	11.	ADDITIONS/CHANGES TO OFFICERS	
NAME STREET ADDRESS CITY-ST-ZIP  CLEANING STREET ADDRESS CITY-ST-ZIP  CLEANING STREET ADDRESS ST	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition 0/0/15
TITLE Sec - TR. Delete  NAME  STRUCTURE TADDRESS  1545 S Belcher Rel  20 3376 V	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	11	Change Addition
TITLE - V. Pres - Delete  NAME David Worner STREET ADDRESS 1545 5 Belcher Rol CITY-ST-ZIP	TITLE:		Change Addition
TITLE  NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify to indicated on this report or supplemental report is true and accurate and that rof the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like expose execute the supplemental SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER	my signature shall have the sit as required by Chapter 607,	amo logal affaat oo if mada undar aath. th	at I am am afficar as at a

FICER OR DIRECTOR STEWART