


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90136 002 \*\*\*150.00

**DOCUMENT # P02000112942**

1. Entity Name:  
**WATERWAY CAR WASH OF PALM BEACH GARDENS, INC.**



Principal Place of Business: **126 LANDS END WAY JUPITER FL 33458**

Mailing Address: **126 LANDS END WAY JUPITER FL 33458**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

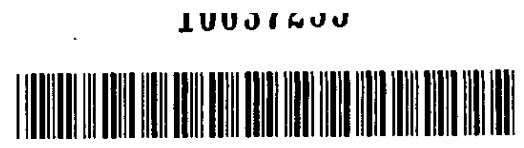
City & State

Zip Country

4. FEI Number: **550803167**

Applied For:  Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~  
~~1840 SW 22ND ST.~~  
~~4TH FLOOR~~  
~~MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name: **PEDRO F. GOMEZ**

Street Address (P.O. Box Number is Not Acceptable): **126 LANDS END WAY**

City: **JUPITER** FL Zip Code: **33458**

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: *Pedro F. Gomez* DATE: **3/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: <input type="checkbox"/> Delete	<b>PSTD GOMEZ, PEDRO F</b>
NAME	<b>126 LANDS END WAY</b>
STREET ADDRESS	<b>JUPITER FL 33458</b>
CITY-ST-ZIP	
TITLE: <input type="checkbox"/> Delete	<b>VD GOMEZ, JOAN F</b>
NAME	<b>126 LANDS END WAY</b>
STREET ADDRESS	<b>JUPITER FL 33458</b>
CITY-ST-ZIP	
TITLE: <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE: <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE: <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: *Pedro F. Gomez* DATE: **3/8/03** Phone: **754-9469**

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

CR2E034 (10/02)