

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90087 028 ***150.00

DOCUMENT # P02000134459

1. Entity Name
ROCKET CARWASH, INC.



Principal Place of Business
**2410 S US HWY ONE
FT PIERCE FL 34982**

Mailing Address
**2410 S US HWY ONE
FT PIERCE FL 34982**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1649102

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

**FARRELL, RICKEY L
2410 S US HWY ONE
FT PIERCE FL 34982**

7. Name and Address of New Registered Agent

Name

RICKEY L. FARRELL

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

1595 S.E. Port St. Lucie Blvd.

Port St. Lucie, FL

City

FL

Zip Code

34952

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

(NOTE: Registered Agent signature required when reinstating)

3-10-03

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 **SEGEDIN, GREGG**
STREET ADDRESS **1401 HUFFMAN RD**
CITY-ST-ZIP **PORT CT LUCIE FL 34952**

TITLE **D** ☐ Delete
NAME **CAPORALE, GARY J**
STREET ADDRESS **2410 S US HWY ONE**
CITY-ST-ZIP **FT PIERCE FL 34982**

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 **D, P, S** ☒ Change ☐ Addition
NAME **SEGEDIN, GREGG**
STREET ADDRESS **1401 Huffman Rd.**
CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE **D, V, T** ☒ Change ☐ Addition
NAME **CAPORALE, GARY J.**
STREET ADDRESS **2410 S. US HWY ONE**
CITY-ST-ZIP **Ft. Pierce, FL 34982**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

772-398-8882

Daytime Phone #

CR2E034 (10/02)