

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000067834**

1. Entity Name

THE WASHING WELL, INC.

Principal Place of Business

2058 SOUTH JEFFERSON STREET
PERRY FL 32347

Mailing Address

2058 SOUTH JEFFERSON STREET
PERRY FL 32347

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

City & State

Zip

Country

4. FEI Number

59-3204773

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HATCH, JUNE K
415 W. LEON ST.
PERRY FL 32347

Name

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

City

FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVP**
NAME HATCH, JUNE K
STREET ADDRESS 415 W. LEON ST
CITY-ST-ZIP PERRY FL 32347

Delete

TITLE **STD**
NAME HATCH, JUNE K
STREET ADDRESS 415 W. LEON ST.
CITY-ST-ZIP PERRY FL 32347

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. 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 11 or Block 12 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

02/04/02 850-584-5225

Date

Daytime Phone #

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90006 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)