

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000070851** ✓

1. Entity Name **PROFESSIONAL CAR WASH, INC.**

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90123 021 ***150.00

Principal Place of Business
317 Victoria Avenue
Fort Walton Beach,
FL 32548

Mailing Address
317 Victoria Avenue
Fort Walton Beach,
FL 32548

2. Principal Place of Business
719 Clark Drive
Suite, Apt. #, etc.

3. Mailing Address
719 Clark Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Walton Beach, FL

City & State
Fort Walton Beach, FL

4. FEI Number
59-3208268

Applied For
☐ Not Applicable

Zip
32547

Country
USA

Zip
32547

Country
USA

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

6. Name and Address of Current Registered Agent

Sheldon, Troy
719 Clark Drive
Fort Walton Beach, FL 32547

7. Name and Address of New Registered Agent

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 _____ (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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Key, Charles R 317 Victoria Avenue Fort Walton Beach, FL 32548	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheldon, Troy 719 Clark Drive Fort Walton Beach, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  **Troy Sheldon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2001 **850/862-2591**
Date Daytime Phone #

CR2E034 (11/00)