

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000072059**

1. Entity Name

**WASH KING, INC.****FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90083 013 \*\*\*150.00

**D0033088**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11553 C.R. 315 FT MCCOY FL 32134	11553 C.R. 315 FT MCCOY FL 32134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-3205811	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BENNETCH, NELSON C 11553 C.R. 315 FT MCCOY FL 32134

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	
TITLE	<input type="checkbox"/> Delete
NAME	BENNETCH, NELSON C
STREET ADDRESS	11553 C.R. 315
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	<input type="checkbox"/> Delete
NAME	BENNETCH, JOANNE C
STREET ADDRESS	11553 C.R. 315
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	<input type="checkbox"/> Delete
NAME	BENNETCH, MICHAEL C
STREET ADDRESS	12451 C.R. 315
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	<input type="checkbox"/> Delete
NAME	BENNETCH, MARK
STREET ADDRESS	12595 C.R. 315
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	<input type="checkbox"/> Delete
NAME	BENNETCH, MITCHELL
STREET ADDRESS	RT 1 BOX 1027-1
CITY-ST-ZIP	ANTHONY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Nelson C Bennetch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/4/01 352-236-9805  
Date Daytime Phone #

CR2E034 (10/00)