

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90111 014 ***150.00

DOCUMENT # P 93000081960

1. Entity Name

Laredo Car Wash Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8040 ULMERTON RD.

3. Mailing Address

8040 ULMERTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Largo, Florida

City & State

Largo, Florida

4. FEI Number

59-3213912

Applied For

Not Applicable

Zip

Country

33771 U.S.A.

Zip

Country

33771 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Robert C. Dickinson, III

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

1230 S. Myrtle Ave., Suite 101

City

Clearwater

FL

Zip Code

33771

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Ledford, Jesse J.
STREET ADDRESS 4850 N.W. 60th Avenue
CITY-ST-ZIP Clearland, FL 32626

TITLE VD
NAME Wills, Marcia
STREET ADDRESS 8040 ULMERTON Road
CITY-ST-ZIP Largo, FL 33771

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marcia Wills Marcia Wills 2-4-02 727-530-1411