

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90010 029 \*\*\*150.00

**DOCUMENT # P93000081960**



1. Entity Name  
**LAREDO CAR WASH CORPORATION**

Principal Place of Business  
**8040 ULMERTON ROAD  
LARGO FL 33771**

Mailing Address  
**8040 ULMERTON ROAD  
LARGO FL 33771**

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 **59-3213912**

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**

**7. Name and Address of New Registered Agent**

**DICKINSON, ROBERT C III  
33920 U.S. HIGHWAY 19 NORTH  
STE. 200  
PALM HARBOR FL 34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LEDFOED, JESSE J.</b>	
STREET ADDRESS	<b>RT. 1 BOX 260</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLS, MARCIA</b>	
STREET ADDRESS	<b>8040 ULMERTON ROAD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marcia Wills* **1-3-03 727-530-1411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)