

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002498

1. Entity Name

PROFESSIONAL AUTO WASH ENTERPRISES, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90126 011 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1206 SUMMERWOOD LANE~~  
~~ALPHARETTA GA 30005~~  
US

~~1206 SUMMERWOOD LN~~  
~~ALPHARETTA GA 30005 3784~~  
US

834190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4525 DORSET LANE

3. Mailing Address

4525 DORSET LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUWANEE GA

City & State

SUWANEE GA

4. FEI Number

65-0543089

Applied For

Not Applicable

Zip

30024

Country

Zip

30024

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM L. KNIGHT, II  
3259 NW 44TH ST #5  
FT LAUDERDALE FL 33309

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, 2000 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 ☐ Delete  
NAME DP  
STREET ADDRESS KNIGHT, WILLIAM L II  
CITY-ST-ZIP 3259 NW 44TH ST #5  
FT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ~~DVTS~~  
STREET ADDRESS BLECH, DAVID E  
CITY-ST-ZIP 1206 SUMMERWOOD LANE  
ALPHARETTA GA

TITLE ☒ Change ☐ Addition  
NAME DVTS  
STREET ADDRESS DAVID R. BLECH  
CITY-ST-ZIP 4525 DORSET LANE  
SUWANEE, GA 30024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/00 678-513-6298

CR2E034 (9/99)