2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # **P95000044098** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** AMERICAN SPIRIT CAR WASH, INC. 03-29-2000 90003 028 ***150.00 Principal Place of Business Mailing Address 12150 SEMINOLE BLVD 12150 SEMINOLE BLVD LARGO FL 33778-2833 LARGO FL 33778 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3319465 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTHEWS, ROGER JR Street Address (P.O. Box Number is Not Acceptable) 12150 SEMINOLE BLVD **LARGO FL 33778** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Defete TITLE TITLE NAME MATHEWS, ROGER W JR NAME STREET ADDRESS STREET ADDRESS 13049-103RD AVE NORTH CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** ☐ Change Addition ☐ Delete TITLE VSTD TITLE MATHEWS, JACKIE F NAMÉ NAME STREET ADDRESS STREET ADDRESS 13049-103RD AVE NORTH CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 Addition Change TITLE TITLE ☐ Delete [—] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report or suppliemental 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 regelver or fusted empressing to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if