

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085021

1. Entity Name

TJB AUTO WASH, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90074 023 ***150.00

Principal Place of Business

8211 W. HILLSBOROUGH AVE.
TAMPA FL 33511
US

Mailing Address

4427 W KENNEDY BLVD
STE 375
TAMPA FL 33609-2069
US

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

59-3344584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIRKS, TOMMI G
4818 BLOOMINGDALE AVE
VALRICO FL 33394

7. Name and Address of New Registered Agent

Name

THOMAS J. BROWN

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

6105 MEMORIAL HWY.

Suite C

City

TAMPA,

FL

Zip Code

33615

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

4-29-00

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

TITLE P ☐ Delete
NAME BROWN, THOMAS J
STREET ADDRESS 4427 W. KENNEDY BLVD., #375
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME BROWN, THOMAS J
STREET ADDRESS 4427 W. KENNEDY BLVD, STE 375
CITY-ST-ZIP TAMPA FL 33609

TITLE DVP ☒ Delete
NAME TABOR, CHRIS
STREET ADDRESS 2306 W KENNEDY
CITY-ST-ZIP TAMPA FL

TITLE S ☒ Delete
NAME ALBRITTON, DEBBIE
STREET ADDRESS 4427 W KENNEDY BLVD STE 375
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00

813
880-0618