

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023686

1. Entity Name

MEGAWASH SYSTEMS, INC.

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

01-24-2000 90074 027 ***150.00

Principal Place of Business

Mailing Address

6648 CRISTINA MARIE DR. 5360 John Yang Pkwy
ORLANDO FL 32835 Orlando, FL 32839

2. Principal Place of Business

3. Mailing Address

5360 John Yang Pkwy
Suite, Apt. #, etc.
Orlando, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3389190

Applied For

Not Applicable

Zip

32839

Country

Orange

Zip

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

WRIGHT, CHARLES
6648 CRISTINA MARIE DR.
ORLANDO FL 32835

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 VP
NAME WRIGHT, LAVELLE
STREET ADDRESS 6648 CRISTINA MARIE DR.
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE VP
NAME WRIGHT, LOVELLE
STREET ADDRESS 6648 CRISTINA MARIE Drive
CITY-ST-ZIP Orlando, FL 32835 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

407-294-1036

Daytime Phone #

CR2E034 (9/99)