

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-28-2001 90029 002 ***150.00

DOCUMENT # P96000023686

1. Entity Name

MEGAWASH SYSTEMS, INC.

Principal Place of Business

**5360 JOHN YOUNG PKWY
 ORLANDO FL 32839**

Mailing Address

**6648 CRISTINA MARIE DR.
 ORLANDO FL 32835**

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 **59-3389190**

Applied For

Not Applicable

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, 2001 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
 NAME **P WRIGHT, LAVELLE** ☐ Delete
 STREET ADDRESS **6648 CRISTINA MARIE DR.**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE
 NAME **V. Pres WRIGHT, LAVELLE** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **CHARLES WRIGHT Charles** ☐ Delete
 STREET ADDRESS **6648 Cristina Marie Drive**
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE
 NAME **President** ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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

2/2/01 407-299-1036

Day

Daytime Phone #

CR2E034 (10/00)