## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000040321 Feb 19, 2000 8:00 am 1. Entity Name **Secretary of State** MAGIC TOUCH CAR WASH, INC. 02-19-2000 90013 009 \*\*\*150.00 Mailing Address Principal Place of Business 8070 BLACKWATER DRIVE 8070 BLACKWATER DRIVE MILTON FL 32583 MILTON FL 32583-8800 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3444911 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEWART, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 8070 BLACKWATER DRIVE MILTON FL 32583 Zip Code City FI 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D ☐ Delete TITLE Change Addition TITLE STEWART, WILLIAM L NAME STREET ADDRESS STREET ADDRESS 8070 BLACKWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32583 ☐ Addition TITLE ☐ Change Delete TITLE STEWART, IMA L NAME STREET ADDRESS STREET ADDRESS 8070 BLACKWATER DRIVE CITY-ST-7IP CITY-ST-ZIP MILTON FL 32583 ☐ Change ☐ Addition Delete TITLE TITLE HARRIS, JOHN P NAME NAME STREET ADDRESS STREET ADDRESS 6663 CHUMUCKLA HIGHWAY CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME HARRIS, MARBA B STREET ADDRESS STREET ADDRESS 6663 CHUMUCKLA HIGHWAY CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

FEB 14 2000

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