FILED
Jun 24, 2003 8:00 am
Secretary of State
05-05-2003 91772 030 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057649

1. Entity Name

Karley's Karwash (L)

55049737

[redacted]

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2. Principal Place of Business	3. Mailing Address
Hwy. 331 South	P.O. Box 952
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Defuniak Spgs, Fl
City & State	City & State
Defuniak Spgs, Fl	
Zip: 32433 County: Walton	Zip: 32435 County: Walton

4. FEI Number: 59-3755898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Kyle McDonald

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

PO Box 952

1265 Hwy 331 South

City: Defuniak Spg FL Zip Code: 32435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kyle McDonald

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

10. For January 1 - May 1, Fee is $150.00 / After May 1, Fee is $550.00 / Amended UBR is $61.25 / Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	President
NAME	Kyle McDonald
STREET ADDRESS	5101 Co. Hwy 280E.
CITY-ST-ZIP	Defuniak Spgs, Fl 32435
TITLE	Vice-President
NAME	Kim McDonald
STREET ADDRESS	5101 Co. Hwy. 280E.
CITY-ST-ZIP	Defuniak Spgs, Fl 32435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kyle McDonald 4-30-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #