

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90018 024 \*\*\*150.00

**DOCUMENT # P97000108951**  
 1. Entity Name  
**THE TRUCK WASH, INC.**

Principal Place of Business      Mailing Address  
**38928 OTTIS ALLEN ROAD**      **PO BOX 966**  
**ZEPHYRHILLS FL 33540**      **ZEPHYRHILLS FL 33540**



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 **59-3485881**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WEST, ERNEST</b> <b>4531 GALL BOULEVARD</b> <b>ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WEST, RUBY J</b> <b>4531 GALL BOULEVARD</b> <b>ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>WEST, JOHNNY M</b> <b>4531 GALL BOULEVARD</b> <b>ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WEST, CHRISTINE</b> <b>4531 GALL BOULEVARD</b> <b>ZEPHYRHILLS FL 33541</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>38928 OTTIS ALLEN RD</b> <b>ZEPHYRHILLS, FL. 33540</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>38928 OTTIS ALLEN RD.</b> <b>ZEPHYRHILLS, FL. 33540</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>38928 OTTIS ALLEN RD</b> <b>ZEPHYRHILLS, FL. 33540</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SAUNDERS, JOHN</b> <b>1527 W. KNIGHTS GRIFFIN RD</b> <b>PLANT CITY, FL. 33565</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-02      813-478-9141  
 Date      Daytime Phone #

UBR 02 01 A1

CR2E034 (9/01)