2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000054037

1. Entity Name

BIG CATS CAR WASH, INC.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90822 001 ***300.00

Multicy Address 314 AMV 20 315 AMV 20 315 AMV 20 316 AM							GO WE THE						
2. Principal Piaco of Business 3. Melling Address Suite, Act 4, etc. GHECK HERE IF MAKING CHANGES Zip Country Zip Country 5. Certificate of Status Desired S8.75 Actionolate 7. Name and Address of Current Registered Agent Norre 1. Name and Address of New Registered Agent Norre 1. Name and Address of New Registered Agent Norre 1. Name and Address of New Registered Agent Norre 2. Serest Address (FO. Box Number is Not Acceptable) 3. The score named certify submits this statement for the purpose of changing its registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accept into accidence of registered agent, or both, in the State of Prototal I am familiar with, and accept into accept i	3142 HWY 220	1		3142	ĤWY 220								
Suite Apr.	MIDDLEBURG I	FL 32068		WIDD	LEBURG FL 32068			e-	1 (8 8) (8 8) (8 8) (8 1 8) (8 8)				
Suite, Apt. 4, etc.													
City & State Country Zip	2. Principal Pl	ace of Busin	ess	3. Mai	3. Mailing Address						iil 0.011 90 101		
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional rose Required Agent 7. Name and Address of Name Registered Agent 7	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country Zip Country Sip Country Signature Countr	City & State			City	City & State			4.	4. FEI Number 59-2526990			• •]
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent	Zip Country			Zip		Coun	try	5.	5. Certificate of Status Desired \$8.75 Additional			1	
JONES, TERRANCE A 1769 BLANDING BLVD ORANGE PARK FL 32065 City FL Zie Code 6. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept rine obligations of registered agent. SIGNATURE		6. Name	and Address of C	urrent Registere	ed Agent	1		7.	Name and Address of New R				1
Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable)			il				Name						1
City FL Zio Code 8. The above named entity submate 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 rise obligations of registered agent. SIGNATURE Symitate. Specific preside name of registered agent and side inspeciable. (hOTE Physitishes Agent opinisher required or registered agent, or both, in the State of Florida. I am familiar with, and accept rise obligations or registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE BITAR, MILAD 3142 HWY 220 SIRER ADDIES CITY-51-7P MIDDLEBURG FL 32068 111. Detel 111. Det			•					Street Address (P.O. Box Number is Not Acceptable)					
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			0.05										4
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	ORANGE P	ARK FL 32	UGO										
SIGNATURE Signature hand or printed name of legistered agent and little il approache. NOTE Registered Agent signature required when reinstance) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE DP		,					City			FL	Zip Coc	te	
SIGNATURE Symulars hybrid or printing harm of registered agent small bit is applicable. (INCTE: Registered Agent signature required winn rectation(p) DATE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ITTLE INME BITAR, MILAD ITTLE DS ITTLE NAME SIREET ADDRESS CITY-ST-ZPP ITTLE DS ITTLE SIREET ADDRESS CITY-ST-ZPP ITTLE SIRET ADDRESS	the obligation			ment for the purp	ose of changing its	s registere	ed office or regist	ered ag	ent, or both, in the State of Flor	rida. I am fa	miliar with,	and accept	1
Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-S1-2P TITLE OS MIDDLEBURG FL 32068 TITLE NAME STREET ADDRESS CITY-S1-2P TITLE OS MIDDLEBURG FL 32068 TITLE ONAME STREET ADDRESS CITY-S1-2P TITLE OS MIDDLEBURG FL 32068 TITLE OR OFFICERS AND DIRECTORS IN 11 TITLE OS MIDDLEBURG FL 32068 TITLE OR OFFICERS AND DIRECTORS IN 11 TITLE OS MIDDLEBURG FL 32068 TITLE OR OFFICERS AND DIRECTORS IN 11 TITLE OS MIDDLEBURG FL 32068 TITLE OR OFFICERS AND DIRECTORS IN 11 TITLE OR OFFICERS AND DIRECTORS IN 11 TITLE OS MIDDLEBURG FL 32068 TITLE OR OFFICERS AND DIRECTORS IN 11 TITLE OR OFFICERS AND DIRECT	*			٠.		· · -	:		فالمراجع المناوات والمراجع المناوات والمناوات	era		-	1
Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITL		Signature, typed o	or printed name of registere	ad agent and title if app	licable. (NO	E: Registere	d Agent signature requir	red when re	einstating)	DATE			
Make Check Payable to Florida Department of State 10.	ri								9. Election Campaign Finance	ancina	\$5.0	May Ba	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP DS Delete TITLE NAME NAME Delete TITLE De										· -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP								AF	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11	\dashv
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE								DETROMO, OF INTIVALED TO OFFI				1 6
CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						NAMI	Ę						3
TITLE NAME STREET ADDRESS CITY-ST-ZIP							- 1						5
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Doloto	_					Change	☐ Addition	100 1100
CITY-ST-ZIP MIDDLEBURG FL 32068 TITLE NAME STREET ADDRESS CITY-ST-ZIP			DIA		- Joelete							L) Addition	12
TITLE NAME STREET ADDRESS CITY-ST-ZIP							ſ						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		MIDULEBUI	HG FL 32008			-							1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Delete	4	1				∐ Change	∐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete O Change O Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE O DELET O CHANGE O Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE O DELET O CHANGE O CHANGE O Addition NAME STREET ADDRESS CITY-ST-ZIP						1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					Delete						☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			. چیسسے۔			~-			The second secon				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP						i i						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ORDESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE					☐ Change	Addition	1
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1												
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1						1						
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP					Delete		-				Change	Addition	1
CITY-ST-ZIP CITY-ST-ZIP	1				22 001010								}
	l												
		artify that the	information supplie	ad with this filing	doge not qualify to	_ 8		Section	110 07/3\/i\ Elorido Statutos II	further com	hethat the	nformation	-

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.