

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90010 001 \*\*\*150.00  
09-01-2000 90010 002 \*\*\*400.00

**DOCUMENT # P98000065472**

1. Entity Name

**SPIFFY WASH & LUBE, INC.**

*R*

Principal Place of Business

Mailing Address

1103 JOHN SIMS PARKWAY  
NICEVILLE FL 32578

1103 JOHN SIMS PARKWAY  
NICEVILLE FL 32578-2752

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3527332**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

**Jim Wilder and Associates, Inc**

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

**102 Oakhill Ave**

City

**Ft. Walton Beach**

FL

Zip Code

**32547**

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

*James P. Wilder*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**6/20/00**  
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, 2000 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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWLAND, GREG L</b>	
STREET ADDRESS	<b>1103 JOHN SIMS PARKWAY</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *James P. Wilder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES.**

**6/20/00**

Date

Daytime Phone #

CR2E034 (9/99)

202/6

From the desk of  
**Jim Wilder, EA, ChFC**

6/20/00

To Whom it may concern.

Please accept this report and  
check as timely filed. The previous  
accountant did not file those on  
time and I just took over from  
him in June, so we are a bit  
late. Be assured that this will not  
happen in the future.

Sincerely,

Jim Wilder