

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088684

1. Entity Name

FIRST CLASS CAR WASH, DETAIL & LUBE CENTERS, INC

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90008 006 \*\*\*150.00

Principal Place of Business

Mailing Address

5202 E. FOWLER AVE.  
TEMPLE TERRACE FL 33617

5202 E. FOWLER AVE.  
TEMPLE TERRACE FL 33617-2147

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

59-3537485

Applied For

Not Applicable

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

DELOATCHE, GERARDETTE T  
18022 PINNACLE COURT  
TAMPA FL 33647

Name

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

717 Coral Reef Dr.

City Tampa

FL

Zip Code

33602

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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 D ☐ Delete  
NAME DELOATCHE, GERARDETTE T  
STREET ADDRESS 18022 PINNACLE COURT  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☒ Change ☐ Addition  
NAME 717 Coral Reef Dr.  
STREET ADDRESS Tampa, FL. 33602  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DELOATCHE, WILLIAM H  
STREET ADDRESS 18022 PINNACLE COURT  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☒ Change ☐ Addition  
NAME 717 Coral Reef Dr.  
STREET ADDRESS Tampa, FL. 33602  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Gerardette T. DeLoatche Gerardette T. DeLoatche 813-999-0402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Daytime Phone #

CR2E034 (9/99)