## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 22, 2001 8:00 am Secretary of State DOCUMENT # P98000104592 1. Entity Name FRIENDLY CAR WASH, INC. 01-22-2001 90132 009 \*\*\*150.00 The Same Principal Place of Business Mailing Address 1108 COMMERCIAL WAY 1108 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL FL 34606 C0007534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3547029 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER, BRYAN E Street Address (P.O. Box Number is Not Acceptable) 1108 COMMERCIAL WAY SPRING HILL FL 34606 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE DPT Delete TITLE ☐ Change ☐ Addition NAME FISHER, BRYAN E NAME STREET ADDRESS STREET ADDRESS 7440 ROYAL OAK DRIVE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 DV¢S Change ☐ Addition TITLE ☐ Delete TITLE FISHER, NANCY M NAME STREET ADDRESS 7440 ROYAL OAK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -SPRING HILL FL 34607 -☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.