FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## Jan 23, 2002 8:00 am Secretary of State DOCUMENT # P98000104592 1. Entity Name 01-23-2002 90013 011 \*\*\*150.00 FRIENDLY CAR WASH, INC. Principal Place of Business Mailing Address 1108 COMMERCIAL WAY 1108 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL FL 34606 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 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent □Nàme FISHER. BRYAN'E Street Address (P.O. Box Number is Not Acceptable) 1108 COMMERCIAL WAY SPRING HILL, FL,34606 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME FISHER, BRYAN E NAME STREET ADDRESS 7440 ROYAL OAK DRIVE STREET ADDRESS 1108 COMMERCIAL WAY CITY-ST-ZIE SPRING HILL FL 34607 CITY-ST-ZIP SPRING HILL, FL 34606 TITLE Addition DV¢S ☐ Delete TITLE Change NAME FISHER, NANCY M NAME STREET ADDRESS 7440 ROYAL OAK DRIVE STREET ADDRESS 1108 COMMERCIAL WAY CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP SPRING HILL, FL 34606 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

REQUIREDBRYAN E. FISHER

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR