2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P98000106604** OCEANSHORE CAR & RV WASH, INC. 01-26-2000 90201 019 ***150.00 Mailing Address Principal Place of Business 2917 S. ATLANTIC AVE., #1105 2917 S. ATLANTIC AVE., #1105 DAYTONA BEACH FL 32136-0900 DAYTONA BEACH FL 32118 907132 2. Principal Place 120194 ess 22994OCRANSHORE BLU DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3553166 Not Applied \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIELS, DOUGLAS A Street Address (P.O. Box Number is Not Acceptable) 523 N. HALIFAX AVE. **DAYTONA BEACH FL 32118** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE P.O. Box 900 WORRALL, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 2917-S. ATLANTIC AVE., #1105-FLAGIER BEACH, FL. 32/36-0900 P.O. Box 900 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118-TITLE Delete TITLE NAME WORRALL, VICKI NAME Ag/ex Peach, FL. 32136-0900 STREET ADDRESS 2917-3: ATLANTIC AVE., #1105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 epipowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #