

**2000 UNIFORM BUSINESS REPORT, (UBR)**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90045 006 \*\*\*150.00

**DOCUMENT # P99000008155**

1. Entity Name  
**THE CARWASH, INC.**

Principal Place of Business  
**318 PINEHURST CIRCLE  
 NAPLES FL 34113**

Mailing Address  
**318 PINEHURST CIRCLE  
 NAPLES FL 34113**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3554657**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUCHMAN, WALTER  
 318 PINEHURST CIRCLE  
 NAPLES FL 34113**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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]* DATE: **7-12-00**

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 tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUCHMAN, WALTER</b> <b>318 PINEHURST CIRCLE</b> <b>NAPLES FL 34113</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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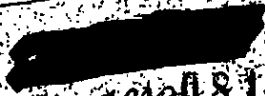
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:** *[Signature]* **SIGNATURE REQUIRED** DATE: **7-12-00**

SIGNATURE AND TITLE OF REGISTERED NAME OF SERVING OFFICER OR DIRECTOR Date Daytime Phone #

CR200-2-151(00)

Brigid D. Soldavini CPA, P.A.



109389081500

5455 Jaeger Road  
Naples, FL 34109

OFFICE • 941-591-4747 • FAX 941-591-2991

July 10, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: The Carwash, Inc  
Document #P99000008155

Dear Division of Corporations:

Enclosed is The Carwash, Inc's 2000 Uniform Business Report. This is The Carwash's first year in business. They did not receive the first copy of this business report. Therefore, they did not realize that this document needed to be filed. When they received the second notice, it was already past the filing date.

Therefore, we respectfully request that you waive the \$400 late filing fee. Enclosed is a check for \$150 and The Carwash's completed business report. If you have any questions, please do not hesitate to call me at (941) 591-4747. Thank you for your help.

Sincerely,

*Capricia Turner*

Capricia Turner  
BRIGID D. SOLDAVINI, CPA, P.A.

Enclosures