

2000 UNIFORM BUSINESS REPORT (UBR)

4/18

FILED
Jun 20, 2000 8:00 am
Secretary of State

04-18-2000 90155 019 ***150.00

DOCUMENT # P99000017297

1. Entity Name
CAR WASH SYSTEMS, INC.

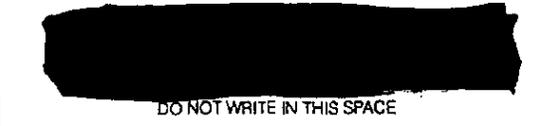
Principal Place of Business Mailing Address
 640 BAY WAY BLVD STE 301 640 BAY WAY BLVD STE 301
 CLEARWATER FL 33767 CLEARWATER FL 33767-2604

2. Principal Place of Business 3. Mailing Address
South East US **640 Bayway Blvd**

Suite, Apt., etc. Suite, Apt., etc.
Suite 301

City & State City & State
Clearwater, FL **FL**

Zip Country
33767 **Pinellas** **33767**



6. Name and Address of Current Registered Agent
ROUTH, GEORGE A
1446 COURT STREET
CLEARWATER FL 33756

4. FEL Number
593567755

5. Certificate of Status Desired Applied For
 Not Applicable

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: **N/A**
 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 _____ (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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, WALTER JR - <input type="checkbox"/> Delete 224 HANEY STREET PATTERSON LA 70392 President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tia Lin Gibson <input type="checkbox"/> Delete 640 Bayway Blvd Clearwater FL 33767 Vic President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Walter Gibson* Date: **4-11-00** Daytime Phone #: **800-607-9274**