

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 014 ***150.00

DOCUMENT # **P99000066159**

1. Entity Name
PREMIER CAR WASH, INC.



Principal Place of Business
**7142 120TH ST. NORTH
SEMINOLE FL 33772**

Mailing Address
**7142 120TH ST. NORTH
SEMINOLE FL 33772**



2. Principal Place of Business

HOME

3. Mailing Address

7142 120TH ST N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

SEMINOLE, FL

4. FEI Number

59-3602934

Applied For

Not Applicable

Zip

Country

Zip

Country

33772

PINELLAS

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMECZEK, WILLIAM A
7142 120TH ST. NORTH
SEMINOLE FL 33772**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William A. Thomeczek

(NOTE: Registered Agent signature required when reinstating)

4-13-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **THOMECZEK, WILLIAM A**
STREET ADDRESS **7142 120TH ST. NORTH**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THOMECZEK, ANITA L**
STREET ADDRESS **7142 120TH ST. NORTH**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Thomeczek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-03

DATE

Daytime Phone #

727 399 5870

CFR034 (10/02)