

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90118 005 ***150.00

CR2E034 (9/01)

DOCUMENT # P99000067298

1. Entity Name
ELITE AUTO WASH, INC.

Principal Place of Business

**951 S.E. MONTERRAY
 STUART FL 34994
 US**

Mailing Address

**136 OKON DRIVE
 BEAVER FALLS PA 15010
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
 3150 SANDY RIDGE DRIVE
 CLEARWATER FL 33761**

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, typed or printed name of registered agent and title if applicable.

(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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE: **P** ☐ Delete
 NAME: **RIMBEY, JEFFREY**
 STREET ADDRESS: **136 OKON DRIVE**
 CITY-ST-ZIP: **BEAVER FALLS PA 10510**

TITLE: **VP** ☐ Delete
 NAME: **SIMPKINS, ROBERT**
 STREET ADDRESS: **51 SW RIERWAY BLVD**
 CITY-ST-ZIP: **PALM CITY FL 34990**

TITLE: **T.S.** ☐ Delete
 NAME: **WAGNER, DAVID**
 STREET ADDRESS: **950 EDGEWOOD RD**
 CITY-ST-ZIP: **BEAVER FALLS PA 15010**

TITLE: **S** ☒ Delete
 NAME: **WAGNER, GARY P**
 STREET ADDRESS: **847 NAUTILUS TRAIL**
 CITY-ST-ZIP: **AURORA OH 44202**

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. WAGNER

Date

Daytime Phone #

1/11/02 724-847-1394