

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080789
Entity Name
FORTY - SECOND CARWASH, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90005 033 ***150.00

Principal Place of Business
7191 W. HALLANDALE BEACH BLVD
HOLLYWOOD, FL. 33023

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEATHA TAYLOR
4409 S.W. 18th STREET
HOLLYWOOD, FL. 33023

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

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PRESIDENT-DIRECTOR	☐ Delete		TITLE	☐ Change	☐ Addition
SEARS HOLLOWAY			NAME		
4380 S.W. 18th STREET			STREET ADDRESS		
HOLLYWOOD, FL. 33023	☐ Delete		CITY-STATE-ZIP	☐ Change	☐ Addition
			TITLE	☐ Change	☐ Addition
	☐ Delete		NAME		
			STREET ADDRESS		
	☐ Delete		CITY-STATE-ZIP	☐ Change	☐ Addition
			TITLE	☐ Change	☐ Addition
	☐ Delete		NAME		
			STREET ADDRESS		
	☐ Delete		CITY-STATE-ZIP	☐ Change	☐ Addition
			TITLE	☐ Change	☐ Addition
	☐ Delete		NAME		
			STREET ADDRESS		
	☐ Delete		CITY-STATE-ZIP	☐ Change	☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: X Sears Holloway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/15/00
Daytime Phone # 934-761-1000