

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089999

1. Entity Name

BEN'S CAR WASH, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90067 027 ***158.75

Principal Place of Business

39746 OTIS ALLEN RD
ZEPHYRHILLS FL 33540-6805

Mailing Address

39746 OTIS ALLEN RD
ZEPHYRHILLS FL 33540-6805

2. Principal Place of Business

5606 Gall Blvd.
Suite, Apt. #, etc.

3. Mailing Address

~~39746 OTIS ALLEN RD~~
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Zephyrhills, FL
Zip

Country

33540

City & State

Zephyrhills FL
Zip

Country

33540

4. FEI Number

59-3609506

Applied For

Not Applicable

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

CLEMON, DOUGLAS F
39746 OTIS ALLEN RD
ZEPHYRHILLS FL 33540-6805

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, 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 D Vice President ☐ Delete
NAME CLEMON, DOUGLAS F
STREET ADDRESS 39746 OTIS ALLEN RD — All address →
CITY-ST-ZIP ZEPHYRHILLS FL 33540-6805

TITLE Vice President ☐ Change ☐ Addition
NAME Douglas Clemson
STREET ADDRESS 6400 12th ST
CITY-ST-ZIP Zephyrhills FL 33540

TITLE D President ☐ Delete
NAME CLEMON, GAIL E
STREET ADDRESS 39746 OTIS ALLEN RD All address →
CITY-ST-ZIP ZEPHYRHILLS FL 33540-6805

TITLE President ☐ Change ☐ Addition
NAME Gail Clemson
STREET ADDRESS 6400 12th ST Zephyrhills FL
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 783 6985

CR2E034 (9/99)