

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089999

1. Entity Name

BEN'S CAR WASH, INC.

Principal Place of Business

5606 GALL BLVD
ZEPHYRHILLS FL 33540

Mailing Address

6400 12TH ST
ZEPHYRHILLS FL 33540

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Douglas Clemon
Street Address (P.O. Box Number is Not Acceptable): 6400 12th ST
City: Zephyrhills FL Zip Code: 33540

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	CLEMON, DOUGLAS	
STREET ADDRESS	6400 12TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLEMON, GAIL	
STREET ADDRESS	6400 12TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90032 006 ***158.75



DO NOT WRITE IN THIS SPACE

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