FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2006 08:00 AM
Secretary of State

UNIF	ORM BUSI	VESS KEPOKI	CORK	<u>]</u>	Secretary of	State
DOCUMENT: 1. Entity Name	# 560681					
Take Care Car Wash						
DO N	IOT WRI	TE IN THIS	SPA	Œ		
2. Principal Place of Business 1313 San Mateo Dr. Suite, Apt. #, etc. City & State Punta Gorda, FL		3. Mailing Address 1313 San Mateo Drive				
		Suite, Apt. #, e			DO NOT WRITE IN THIS SPACE	
		City & State Punta Gorda Zip Country			4. FEI Number Applied For 65-0292278 Not Applicat	
Zip 33950-6362	•		Country USA		5. Certificate of Status Desired \$8.75 Addition Fee Required	
		33950			me and Address of Current Registered Agent	
1				Name		
	DO NOT NITHIS (Street Add	fress (P.O. Box Number is Not Acceptable)	
				City	Fl	Zip Code
					stered office or registered agent,	or both, in the
	l am familiar with,	and accept the obligation	ons of regis	stered agent.		•
SIGNATURE Signa	ture, typed or printed na	ime of registered agent and till	e if applicable	, (NOTE: Regis	tered Agent signature required when reinst	ating) DATE
January 1 May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fee
18.	OFFICER	S AND DIRECTORS	11.	-a-sarandaran		
TITLE NAME	Owner Norman E. You	nger	200	LE ME		
STREET ADDRESS CITY-ST-ZIP	1313 San Mated Punta Gorda, Fi	Drive	101651451541	REET ADDRES 'Y-ST-ZIP	s 1990/33/543/22 55/11/98/89015-	
TITLE	Trunka Gorag, F.		TO	LE	TOTAL DE CONTRA	
NAME STREET ADDRESS			27,130,137,171	ME REET ADDRES	S a	
CITY-ST-ZIP			C	Y-ST-ZIP		
TITLE NAME			F1111777777	LE ME		
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CITY-ST-ZIP TITLE				LE.	INTHIS	A TOTAL PROPERTY OF THE PROPERTY OF A TOTAL PROPERTY.
NAME STREET ADDRESS			2. 1. 21.15	ME REET ADDRES	anan kahan di kaman kahan k	
CITY-ST-ZIP			CI	ry-st-zip		
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STREET ADDRESS			ST	REETADORES	5	
CITY-ST-ZIP TITLE				TY-ST-ZIP ILE		
NAME			NZ	MË		
STREET ADDRESS CITY-ST-ZIP				REET ADDRES TY-ST-ZIP	S	
12. I hereby certify tha			not qualify fo	r the exemption	stated in Section 119.07(3)(i), Florida	
					s and that my signature shall have the itee empowered to execute this repor	
					ith an address, with all other like emp	

SIGNATURE: Tromman E. Jounker (Norman E. Younker 4:27.06 1-941-57508 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #