

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90095 047 \*\*\*150.00

**DOCUMENT # S81897**

1. Entity Name  
**WHATTA WASH, INC.**

Principal Place of Business  
**2347 S.E. FEDERAL HIGHWAY**  
**STUART FL 34994-4528**

Mailing Address  
**2347 SE FEDERAL HWY**  
**STUART FL 34994-4528**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4089 SW SAINT LUCIE SHRS DR**

3. Mailing Address

**BOX 310**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM CITY FL.**

City & State

**PALM CITY FL.**

Zip

Country

**34990**

**US**

Zip

Country

**34991**

**US**

4. FEI Number

**65-0317535**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, ARNOLD**  
**2347 S.E. FEDERAL HIGHWAY**  
**STUART FL 34997**

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]*

**4-8-02**

Signature, typed or printed name of registered agent and date 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN, ARNOLD</b>	
STREET ADDRESS	<b>4089 S.W. ST. LUCIE SHRS</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN, PAULA</b>	
STREET ADDRESS	<b>4089 S.W. ST. LUCIE SHRS</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	
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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 like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-8-02 561 342 0853**

CR2E034 (9/01)