2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # V26277** May 08, 2000 8:00 am 1. Entity Name Secretary of State GLOBIL FLEET TRUCK WASHING, INC. 05-08-2000 90026 027 ***150.00 Mailing Address Principal Place of Business 12793 164 CT N 12793 164 CT N JUPITER FL 33478 JUPITER FL 33478-6562 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 65-0331008 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERMAN, GLORIA Street Address (P.O. Box Number is Not Acceptable) 12793 164 CT N JUPITER FL 33478 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PST ☐ Change ■ Addition ☐ Delete TITLE TITLE HERMAN, WILLIAM NAME 12793 164 CT N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HERMAN, GLORIA NAME 12793 164 CT N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jupiter Fl CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

GLORIA J. HERMAN

SIGNATURE AND TYPEROR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR