

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90106 005 ***150.00

0408837

DOCUMENT # 515257
 1. Entity Name
EAGER BEAVER CAR WASH, INC.

Principal Place of Business 7008 S. TAMiami TRAIL SARASOTA FL 34231 US	Mailing Address 7008 S. TAMiami TRAIL SARASOTA FL 34231 US
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2. Principal Place of Business 1791 SOUTH TAMiami TRAIL Suite, Apt. #, etc.	3. Mailing Address 1000 CRAWFORD PLACE Suite, Apt. #, etc. SUITE 400
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City & State VENICE FL	City & State MOUNT LAUREL, NJ	4. FEI Number 59-1689663	Applied For Not Applicable
Zip 34293	Country USA	Zip 08054	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BACHMAN, KENNETH H
 7008 S. TAMiami TRAIL
 SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1791 SOUTH TAMiami TRAIL
 City **VENICE** **FL** Zip Code **34293**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P PAOLINO, LOUIS D JR 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL NJ 08054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRAMER, ROBERT M 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL NJ 08054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRZEMIAN, GREGORY M 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL NJ 08054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gregory M. Krzemien* **GREGORY M. KRZEMIAN**
 _____ Date **4-24-2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)