2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State
01-17-2002 90048 017 ***150.00

DOCUMENT # P01000061151

1. Entity Name
FLETCHER'S MOBILE DETAILING, INC.

Principal Place of Business	Mailing Address
2235 MONAHAN CT. FT. WALTON BEACH FL 32547	PO BOX 897 DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
471 SANDMORE SHORES DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARY ESTHER, FL	City & State:
Zip: 32569 Country: U.S.A.	Zip: Country:

4. FEI Number: 59-3725042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAYCOMB, FLETCHER E 2235 MONAHAN CT. FT. WALTON BEACH FL 32547	Name: CLAYCOMB, FLETCHER E. Street Address (P.O. Box Number is Not Acceptable): 471 SANDMORE SHORES DRIVE City: MARY ESTHER FL Zip Code: 32569

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 Fletcher E. CLAYCOMB - Stockholder X [signature] 1/9/2001
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLAYCOMB, FLETCHER E	NAME	
STREET ADDRESS	PO BOX 897	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: X [signature] Fletcher E. CLAYCOMB President 1/9/2001 (850) 862-7969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #