2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000030850 DOCUMENT

1. Entity Name

SMARTS MOBILE DETAILING INC.



FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90163 034 ***150.00

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· ·	ce of Business		g Address			1	11089217			
4648 W GRO			W GROVEWAY ST NDO FL 32808				11009217			
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2. Principal F	Place of Business	3. Mai	ling Address	·		1		8/88 //// 88/8 / /8/8/		
4648 Westgrove Way Orf FC Same										
Suite, Apt.	#, etc.' 3 32808	Suite	e, Apt. #, etc.			1	CHECK HERE IF MAK	ING CHANGES		
City & State City & State						4. 6	ELNumber 0 -	At	oplied For	
Ortando FC						<u> </u>	102000030X50	No	ot Applicable	
37808 Oantry rol 21				Country		5. C	Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				·		<u> </u>	lame and Address of New Register			
		<u>-</u>		Name				<u>.</u>		
SMART, DERRICK D					Street Address (P.O. Box Number is Not Acceptable)					
4648 W GROVEWAY ST							·			
ORLANDO FL 32808										
				City .			F	Zip Cod	е	
	named entity submits this statement for	r the purp	ose of changing its	registered office or	register	ed age	ent, or both, in the State of Florida. I	am familiar with,	and accept	
the obligat	ions of registered agent.		<u>A</u>				$\alpha / -1$	40		
SIGNATURE	Ulmac An	rail	<u> </u>				<u> </u>	05		
<u> </u>	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE	E: Registered Agent signatu	re required	when rei	instating) , PA	1E		
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	'iệ					9. Election Campaign Financing		IO May Be	
	Repair to Florida Department o	State					Trust Fund Contribution.	Added	d to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	PD	•	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	SMART, DÉRRICK D			NAME						
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	ertify that the information supplied with	this filing	does not qualify for		ad in So	etion 1	19.07/3\(i) Florida Statutas I further	certify that the in	oformation	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR