## FILED Apr 24, 2003 8:00 am Secretary of State

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## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

CRUISIN' AUTO DETAILING, INC.





858 OSTRUM WAY PO BOX 6804 WEEKI WACHEE FL 34613 SPRING HIDS FL 34611 2. Principal Place of Business 8027 Fol 3. Mailing Address Folkstone St Dame Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ے ۔۔Name SNAKENBERG, LARRY A 12421 SNOWY EGRET AVE 8027 FOIK Stone St. Street Address (P.O. Box Number is Not Acceptable) recki Wacher FL City Zip Code 34613 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change ☐ Addition NAME SNAKENBERG, LARRY A NAME 12421 SNOWY EGRET AVE 8027 POIKStone S STREET ADDRESS STREET ADDRESS WEEKIWACHEE EL 34614 Week; Wacher PL CITY-ST-ZIP CITY-ST-ZIP TITLE **□**0**3**H6/3 ☐ Addition SNAKENBERG, MARILYN J 8027 FOLKSTON NAME NAME STREET ADDRESS 12421 SNOWY EGRET AVE STREET ADDRESS WEEKIWACHEE FL 34614 Week's Waches CITY-ST-ZIP CITY-ST-7IP TITLE Change TITLE 🔲 Delete كالها ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, v er like empowered

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Marilyn Brokenberg 3/2003