

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042305

## 1. Entity Name

OUTER LIMITS MOBILE DETAILING, INC

Principal Place of Business

Mailing Address

P.O. BOX 128  
APOPKA, FL 327042. Principal Place of Business  
313 WEST 5TH STREET3. Mailing Address  
P.O. BOX 128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
APOPKA, FLCity & State  
APOPKA, FLZip  
32703Country  
USZip  
32704Country  
US4. FEI Number  
59-3639926

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

FILED

01 NOV -5 PM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800004698518--2

-11/29/01--01057--010

\*\*\*\*150.00 \*\*\*\*150.00

## 6. Name and Address of Current Registered Agent

SHELDTRY, CHATMAN  
417 JORDAN STUART CIR #101  
APOPKA, FL 32703

## 7. Name and Address of New Registered Agent

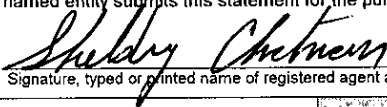
Name  
SHELDTRY CHATMAN

Street Address (P.O. Box Number is Not Acceptable)

417 JORDON STUART CIR  
#101City  
APOPKAFL Zip Code  
32703

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



SHELDTRY CHATMAN

10/30/2001

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 Intan-  
gible 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 ☐ \$5.00

Trust Fund Contribution.

May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

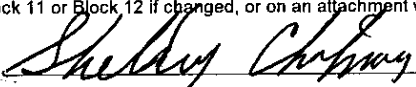
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SHELDTRY CHATMAN	
STREET ADDRESS	417 JORDAN STUART CIR #101	
CITY - ST - ZIP	APOPKA, FL 32703	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DARLINE CHATMAN	
STREET ADDRESS	417 JSORDAN STUART CIR #101	
CITY - ST - ZIP	APOPKA, FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:



SHELDTRY CHATMAN

10/30/2001

(407) 484-3172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

# Robinson Accounting of America

10/10/01

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that this Corporation has relocated. The Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson  
Robinson Accounting of America Inc.

10/10/01