

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058706

1. Entity Name
SHINE ME UP MOBILE DETAILING SERVICES, INC.

FILED

02 MAY -1 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 180201
TALLAHASSEE FL 32318-0201

Mailing Address

P.O. BOX 180201
TALLAHASSEE FL 32318-0201

2. Principal Place of Business

3690 Chaleet Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip Country

32818 Orange

4. FEI Number

543731269

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

AKANBI, NATHANIEL

2537 MATLAND CROSSING WAY, APT. 12106

ORLANDO FL 32810

Name

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

3690 Chaleet Ct

City

Orlando

FL

Zip Code

32818

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

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 P
NAME AKANBI, NATHANIEL
STREET ADDRESS P.O. BOX 180201
CITY-ST-ZIP TALLAHASSEE FL 32318-0201

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

407-832-2928

Date

Daytime Phone #

CR2E034 (9/01)