

7/29

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

07-29-2002 90001 019 ***550.00

DOCUMENT # P01000090185

1. Entity Name

M&M AUTO DETAILING AND ELECTRICAL INC.

Principal Place of Business

4903-B OLD WINTER GDN RD
ORLANDO FL 32811

Mailing Address

4903-B OLD WINTER GDN RD
ORLANDO FL 32811

2. Principal Place of Business

4903-B OLD WINTER GDN

Suite, Apt. #, etc.

B

City & State

ORLANDO FLORIDA

Zip

32811

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

ORLANDO FLORIDA

Zip

32811

Country

4. FEI Number

59-3759659

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARTIN, NICHOLAS

4903-B OLD WINTER GDN RD
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

MICHAEL WILLIAMS

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

4903-B OLD WINTER GDN RD

City

ORLANDO

FL

Zip Code

32811

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

07/26/02

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

TITLE	INCORPORATOR	<input type="checkbox"/> Delete
NAME	NICHOLAS MARTIN	
STREET ADDRESS	4903-B OLD WINTER GDN	
CITY-ST-ZIP	ORL FL 32811	
TITLE	Basil EDWARD OFFICER	<input type="checkbox"/> Delete
NAME	4903 OLD WINTER GDN	
STREET ADDRESS	ORL FL 32811	
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		
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	MICHAEL WILLIAMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4903 OLD WINTER GDN	
STREET ADDRESS	ORL FL 32811	
CITY-ST-ZIP	NEW REGISTERED AGENT	
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
NAME		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/26/02 407-291099

CR2034 (9/01)