

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91476 044 ***150.00

DOCUMENT # P01000098602

1. Entity Name

LET IT SHINE AUTO DETAILING, INC.

Principal Place of Business

Mailing Address

1655 DONNA ROAD

4709 SUNSET RANCH ROAD

UNIT 40

WEST PALM BEACH FL 33415

WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

1655 Donna Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40

City & State

City & State

WPB, FL

Zip

Country

Zip

Country

33409

USA

4. FEI Number

65-1147483

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

ANDERSON, JASON N

1963 BRANDYWINE ROAD, #105

WEST PALM BEACH FL 33409

Name

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

City

FL

Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	ANDERSON, JASON N	1655 DONNA ROAD, UNIT 40	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		WEST PALM BEACH FL 33409								
	D	KESSLER, JOSEPH M	1655 DONNA ROAD, UNIT 40	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		WEST PALM BEACH FL 33409								
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4/18/02

Date

561-688-5883

Daytime Phone #

CR2E034 (9/01)