

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90612 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Mobile Clean Detail & Reconditioning, Inc. ✓
1. Entity Name
 P01000103905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Mobile Clean + Reconditioning
 Suite, Apt. #, etc.
 1417 S.W. 15th Ave, #C
 City & State
 Ocala, FL
 Zip
 34474 Country
 Marion

3. Mailing Address
 1218 W. Bridge Dr.
 Suite, Apt. #, etc.
 City & State
 Citrus Springs, FL
 Zip
 34434 Country
 Citrus

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3754848

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent
 Name: David DiPietro
 Street Address (P.O. Box Number is Not Acceptable)
 1218 W. Bridge Drive
 City: Citrus Springs, FL Zip Code: 34434

DO NOT WRITE IN THIS SPACE

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) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President David DiPietro 1218 W. Bridge Dr. Citrus Springs, FL 34434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Traci DiPietro 1218 W. Bridge Dr. Citrus Springs, FL 34434 |
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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

Date

352-465-1806

Daytime Phone #

CR2E034B (12/01)