

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90003 030 ***150.00

DOCUMENT # **PO20000021627**

1. Entity Name

**DAWNY'S MOBILE CAR WASH & AUTO
DETAILING, CORP.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20589 SW 2ST

Suite, Apt. #, etc.

3. Mailing Address

20589 SW 2ST

Suite, Apt. #, etc.

54056959

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

02-0551361

Applied For

Not Applicable

Zip

33029

Country

Zip

33029

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL BAGHILLER

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

20589 SW 2ST

City

PEMBROKE PINES FL

Zip Code

33029

**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) ☐

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PP.
BAGHILLER DANIEL
20589 SW 2ST
PEMBROKE PINES, FL 33029**

TITLE
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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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: E034B (12/01)