

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/2003-90168-011-\$150.00-\$150.00

DOCUMENT # P02000042956

1. Entity Name
MARTHA'S MOBILE DETAILING & POWER WASH, INC.



03 SEP 25 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7780 NORTHWEST 78TH AVENUE
BUILDING 1 SUITE 306
TAMARAC FL 33321

Mailing Address
4846 NORTH UNIVERSITY DRIVE
SUITE 362
LAUDERHILL FL 33351-4510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3655244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

HOPETON B SCOTT

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

7780 N.W. 78th AVE BLD 1 STE 306

City

TAMARAC

FL

Zip Code

33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9.19.03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME SCOTT, HOPETON B
STREET ADDRESS 7780 NORTHWEST 78TH AVENUE BLDG. 1 STE 306
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME LONEY, VINNETTE A
STREET ADDRESS 7780 NORTHWEST 78TH AVENUE BLDG. 1 STE 306
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

8.19.03

Date

Daytime Phone #

CR2ED34 (4/03)