

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90324 042 ***150.00

0170382 AV

DOCUMENT # P02000080368

1. Entity Name
DELUGE AUTO DETAILING, INC.



Principal Place of Business
**13001 SW 11TH COURT
A-207
PEMBROKE PINES FL 33027
US**

Mailing Address
**13001 SW 11TH COURT
A-207
PEMBROKE PINES FL 33027
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEPHENS, LAVERNE L
1600 SW 127TH WAY
C-212
PEMBROKE PINES FL 33027**

Name

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

Unit 101

City

FL

Zip Code
33028

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Change of Address only 4-29-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **STEPHENS, TROY W MR.**
STREET ADDRESS **1100 SW 130TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **401 NW 134th AV UNIT 101**
CITY-ST-ZIP **33028**

TITLE **VP** ☐ Delete
NAME **COMERIE, LESLIE T MR.**
STREET ADDRESS **13001 SW 11TH COURT, A-207**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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:

Leslie T. Comerie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

(954) 478-4875
Daytime Phone #

CR2E034 (10/02)