

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-12-2003 90097 007 ***155.00
P02000096757

0034649

AV

DOCUMENT # P02000096757

1. Entity Name
MOBILE DETAILING, INC.



05 JUN 20 AM 11:31
SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1318 BRAEBURN NORTH
NORTH LAUDERDALE FL 33068

Mailing Address
1318 BRAEBURN NORTH
NORTH LAUDERDALE FL 33068

2. Principal Place of Business
1318 Braeburn North
Suite, Apt. #, etc.
North Lauderdale, FL
City & State

3. Mailing Address
1318 Braeburn
Suite, Apt. #, etc.
North Lauderdale, FL
City & State

Zip 33068 Country U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0543428
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
COX, SHIVA
1318 BRAEBURN NORTH
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-installing) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shiva K COX 1318 Braeburn North North Lauderdale, FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shiva K COX 09-08-03 954-263-9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment
80147594
PS20000090757

292

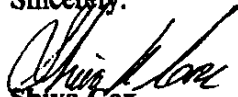
September 08, 2003

MOBILE DETAILING, INC.

1318 Braeburn North
North Lauderdale Fl. 33068-3804

I hereby wish to inform you that your first UNIFORM BUSINESS REPORT which was sent to me at my present address was not received.

Sincerely,



Shiva Cox.
President.