

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/12/2003-90097-007-\$155.00-\$155.00

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DOCUMENT # P02000096757

03 SEP 26 AM 9:58

1. Entity Name
MOBILE DETAILING, INC.

SECRETARY 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.
City & State
North Lauderdale, FL

☐ CHECK HERE IF MAKING CHANGES

Zip
33068

Country
U.S.A

Zip
33068

Country
U.S.A

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

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

(NOTE: Registered Agent signature required when reinstating)

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	President Shiva K Cox 1318 Braeburn 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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-08-03
Date

954-263-9552
Daytime Phone #

CR2E034 (4/03)

7/9/25

Attachment
80147594
PS20000090757

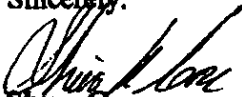
September 08, 2003

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.
