FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90020 046 ***150.00

DOCUMENT # P04000 167294

1. Entity Name
Tiny Tim Mobile Detail, INC.

DO NOT WRITE IN THIS SPACE

20064105

2. Principal Place of Business		3. Mailing Address	
1701 N.E 191 St.		1701 N.E. 191 St.	
Suite, Apt. #, etc. A-411		Suite, Apt. #, etc. A-411	
City & State North Miami Beach FL		City & State N.M.B. FL.	
Zip 33179	Country USA	Zip 33179	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1668108	Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name Timothy CHAVIS
Street Address (P.O. Box Number is Not Acceptable) 1701 N.E. 191 St, A-411
City N.M.B. FL. **FL** Zip Code 33179

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. 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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Timothy CHAVIS Director 1701 N.E. 191 St. A-411 N.M.B. FL. 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy Chavis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
#P04000167294
2064405

BENTON EXPRESS, INC.

"We Do It Right The First Time"

7-11-05

Tiny Tim Mobile Detail Inc.

To Whom It May Concern.

I Am Requesting that the Additional Fee Of $400.00 Be Waived Because I didnot Recieve the Form Until Recently. Due to Fact they have the wrong Address ON the Records.

I'm Am Also Requesting A CHANge Of Address As Follow

1701 N.E. 191st, A-411
N.M.B. FL. 33179

Thank You In Advance For Your Coperation.

Sincerely,

GEORGIA		FLORIDA	
ATHENS	706-353-7502	FORT MYERS	941-337-2220
ATLANTA	404-627-7747	JACKSONVILLE	904-354-6794
AUGUSTA	803-593-0577	MIAMI	305-887-8755
DUBLIN	912-275-0751	OCALA	904-237-0776
MOULTRIE	912-985-4143	ORLANDO	407-855-4200
SAVANNAH	912-964-0008	PENSACOLA	904-479-8403
		TALLAHASSEE	904-576-5151
		TAMPA	813-621-5541
		WEST PALM BEACH	407-844-0700
		BROWARD	