

P09000024300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

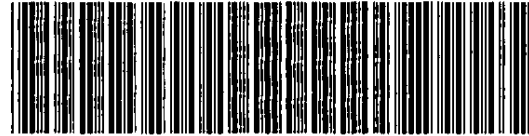
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Chorge  
C.COULLIETTE

JUL 12 2010

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Michelle & Dave Ultimate Car Care Inc  
Name of Corporation

DOCUMENT NUMBER: PO9 0000 24300

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Percival  
Name of Contact Person

Michelle & Dave Ultimate Car Care  
Firm/Company

8301 Dr MLK St N  
Address

St. Petersburg FL 33702  
City/State and Zip Code

nursepercival@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Percival at (727) 579-9590  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Michelle & Dave Ultimate Car Care Inc  
2. The principal office address: 8301 Dr MLK St N  
St Petersburg FL 33702  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 3/16/09 Document number: 09000024300

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

David C Percival  
7424 14th St N.  
St. Petersburg FL 33702

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

T.A.B.S  
71601 ML King St. N. Ste 100  
St. Petersburg FL 33702

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michelle Percival  
Signature of an officer or director

Michelle Percival  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michelle Percival  
Signature of Registered Agent

7/5/10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314