

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031907

1. Entity Name

IMMACULATE SHINE INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90081 022 ***150.00

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| Principal Place of Business 3489 CLYDE MORRIS BLVD DAYTONA BEACH FL 32119 | Mailing Address 3489 CLYDE MORRIS BLVD DAYTONA BEACH FL 32119-2313 |
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| 2. Principal Place of Business 1111 Wickersham Road Suite, Apt. #, etc. | 3. Mailing Address 1111 Wickersham Road Suite, Apt. #, etc. |
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|-----------------------------------|-----------------------------------|-----------------------------|-------------------------------|
| City & State New Smyrna Bch Fl | City & State New Smyrna Bch Fl | 4. FEI Number 59-3240948 | Applied For Not Applicable |
| Zip 32168 | Country USA | Zip 32168 | Country USA |



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 6. Name and Address of Current Registered Agent VINCENT, BRIAN 3489 CLYDE MORRIS BLVD DAYTONA BEACH FL 32119 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1111 Wickersham Road City New Smyrna Bch FL Zip Code 32168 |
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST VINCENT, BRIAN 3489 CLYDE MORRIS BLVD DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P,V Vincent, Brian 1111 Wickersham Road New Smyrna Bch Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S,T Vincent, Sherry 1111 Wickersham Road New Smyrna Bch Fl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Vincent Pres. **Brian Vincent** 4/4/00 904-423-0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)