## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Sta DIVISION OF CORPORATIONS

## DOCUMENT # **P94000061529 (1)**

ULTIMATE MOBILE CAR CARE, INC.

Principal Place of Business Mailing Address 3 KELLY BEA CT 3 KELLY BEA CT PONCE INLET FL 32127 PONCE INLET FL 32127-7200 3a. Date of Last Report 3. Date Incorporated or Qualified 08/22/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3265655 21 26 Not Applicable Suite, Apt. #. etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip  $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISHER, ROBERT E 3 KELLY BEA CT 82 Street Address (P.O. Box Number is Not Acceptable) PONCE INLET FL 32127 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. & and we typed or panied name of registrace agent and title it applicable (NOTE: Flegistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. DELETE Change Addition HI.E 1.17ITLE NAMI FISHER, ROBERT E 1.2 NAME **CR2E034 3 KELLY BEA CT** 13 STREET ADDRESS STREET ADDRESS **PONCE INLET FL 32127** 1.4 CITY - ST - ZIP CITY - ST DELETE Change Addition TIFLE 2.1 TITLE FISHER, SHEILA J 2.2 NAME NAM STREET ADDRESS 3 KELLY BEA CT 2.3 STREET ADDRESS PONCE INLET FL 32127 2. 4 CITY-ST-ZIP CHY-SI -70 DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADORESS 33 STREET ADDRESS 3 4. CITY - ST- ZIP 011Y-\$1-70 DELETE ☐ Change Addition TOLLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS: 4.3 STREET ADDRESS 4.4 (HTY-ST-ZIP DELETE Change Addition 5.1 HILF TLF NAM AME REET ADDRESS STREET ADDRESS CHY-SI-Zo IY - ST - ZIP DELETE TOUR LE Change Addition 6.2 ME NAMÉ REET ADDRESS STREET ADDRESS

SIGNATURE:

14. I do mirreby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and fam an officer or director of the corporation or the receiver or trustee empowered to

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the occurate and that my signature shall have the same legal effect as if made under oath; that secute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

Apr 25 1997 8:00am

Secretary of State

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