

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000032851**1. Entity Name
BLACKBIRD MOBILE CAR CARE, INC.Principal Place of Business
514 SABAL TR
LONGWOOD FL 32779
Mailing Address
514 SABAL TR
LONGWOOD FL 327792. Principal Place of Business
1188 ST. ALBANS LOOP3. Mailing Address
1188 ST. ALBANS LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HEATHROW FLCity & State
HEATHROW FL4. FEI Number
59-3313901Applied For
Not ApplicableZip Country
327465. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KARAKOOSH PATRICIA**
514 SABAL TR

LONGWOOD FL 32779

Name
KARAKOOSH PATRICIAStreet Address (P.O. Box Number is Not Acceptable)
1188 ST ALBANS LOOPCity
HEATHROW FL Zip Code
32746

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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE STD ☐ Delete
NAME **KARAKOOSH PATRICIA**
STREET ADDRESS **514 SABAL TR**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE STD ☒ Change ☐ Addition
NAME **KARAKOOSH PATRICIA**
STREET ADDRESS **1188 ST. ALBANS LOOP**
CITY-ST-ZIP **HEATHROW FL 32746**TITLE VD ☐ Delete
NAME **KARAKOOSH JEFFREY P**
STREET ADDRESS **514 SABAL TR**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE VD ☒ Change ☐ Addition
NAME **KARAKOOSH JEFFREY P**
STREET ADDRESS **1188 ST ALBANS LOOP**
CITY-ST-ZIP **HEATHROW FL 32746**TITLE PD ☐ Delete
NAME **KARAKOOSH JACOB A**
STREET ADDRESS **514 SABAL TR**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE PD ☒ Change ☐ Addition
NAME **KARAKOOSH JACOB A**
STREET ADDRESS **1188 ST ALBANS LOOP**
CITY-ST-ZIP **HEATHROW FL 32746**TITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Patricia Karakoosh**STD 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)