

2000 UNIFORM BUSINESS REPORT (UBR)

5/2/00

FILED

Jun 01, 2000 8:00 am
Secretary of State

05-02-2000 90047 045 ***150.00

DOCUMENT # P96000081407

1. Entity Name

DARLING DETAILS, INC.

Principal Place of Business

10 MAYFIELD WAY
LANTANA FL 33462
US

Mailing Address

10 MAYFIELD WAY
BOYNTON BEACH FL 33426-7825
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

4. FEI Number

65-0699825

Applied For

Not Applicable

Zip

Country

Zip

Country

33426

5. 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

DARLING, GARY L
10 MAYFIELD WAY
LANTANA FL 33462

Boynton Beach 33426

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Gary L Darling Gary L Darling

4/23/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating.

DATE

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 VP
NAME DARLING, RHONDA
STREET ADDRESS 10 MAYFIELD WAY
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

TITLE President
NAME Darling, Gary L
STREET ADDRESS 10 Mayfield Way
CITY-ST-ZIP Boynton Beach FL 33426 ☐ Change ☒ Addition

TITLE President
NAME Darling, Gary L
STREET ADDRESS 10 Mayfield Way
CITY-ST-ZIP Boynton Beach FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Rhonda Darling Rhonda Darling

4/23/00

(561) 702-4279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Rhonda Darling Rhonda Darling 5/25/2000 (561) 702-4279

CR2E034 (9/99)