

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90015 042 ***150.00

DOCUMENT # P96000101767

1. Entity Name

IN DETAIL, INC.

R

Principal Place of Business

2747 N.E. 21ST COURT
FT LAUDERDALE FL 33305
US

Mailing Address

2747 N.E. 21ST COURT
FT LAUDERDALE FL 33305
US

2. Principal Place of Business

2747 N.E. 21 Court
Suite, Apt. #, etc.

3. Mailing Address

2747 N.E. 21 Court
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

4. FEI Number

65-0718058

Applied For

Not Applicable

Zip

33305

Country

U.S.A

Zip

33305

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'DONOGHUE, KATHLEEN
2747 N.E. 21ST COURT
FT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

Kathleen O'Donoghue

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

2747 N.E. 21 Court

Ft Lauderdale

FL

Zip Code

33305

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

Kathleen O'Donoghue

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 10, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONOGHUE, KATHLEEN	
STREET ADDRESS	2747 N.E. 21ST COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONOGHUE, OWEN	
STREET ADDRESS	2747 N.E. 21ST COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kathleen O'Donoghue

Kathleen O'Donoghue 7/18/00 (954) 565-1464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/00)