

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043918

1. Entity Name

COMMITTED TO DETAIL INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90077 001 \*\*\*150.00

Principal Place of Business

Mailing Address

CLEANING/MAINT  
BOYNTON BEACH FL 33437  
US

8242 ROSEMARIE AVE  
BOYNTON BEACH FL 34980-1847  
US



DO NOT WRITE IN THIS SPACE

CLEANING/MAINT

2. Principal Place of Business  
PALM CITY FL 34990

3. Mailing Address  
3471 S.W. OAK COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PALM CITY FL 34990

City & State  
PALM CITY FL 34990

4. FEI Number 65-0763198

Applied For  
Not Applicable

Zip  
34990

Country  
US

Zip  
34990

Country  
US

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

DINARDO, WILLIAM  
8242 ROSEMARIE AVE. W.  
BOYNTON BEACH FL 33437

Name  
DINARDO WILLIAM  
Street Address (P.O. Box Number is Not Acceptable)  
3471 S.W. OAK COURT  
City  
PALM CITY FL Zip Code  
34990

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 William Dinardo x

(NOTE: Registered agent signature required when reinstating)

DATE

April 20 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 \$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	D	<input type="checkbox"/> Delete
NAME	DINARDO, WILLIAM	
STREET ADDRESS	8242 ROSEMARIE AVE. W.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	DINARDO, ALLISON	
STREET ADDRESS	8242 ROSEMARIE AVE. W.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINARDO WILLIAM	
STREET ADDRESS	3471 S.W. OAK COURT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINARDO ALLISON	
STREET ADDRESS	3471 S.W. OAK COURT	
CITY-ST-ZIP	PALM CITY FL 34990	
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
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:

William Dinardo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20 2000  
Date

561-220-6737  
561-702-6924  
Daytime Phone #

CR2E034 (9/99)