

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

Blair

00 OCT 31 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000067045

1. Entity Name
PRIME TIME MOBILE DETAILING, INC.

Principal Place of Business
**2617 GLYN STREET
ORLANDO FL 32807**

Mailing Address
**2617 GLYN STREET
ORLANDO FL 32807**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number **59-3462718**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PATENAUE, THOMAS P
2617 GLYN STREET
ORLANDO FL 32807**

7. Name and Address of New Registered Agent

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 _____ (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 \$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	ST	<input type="checkbox"/> Delete
NAME	PATENAUE, KATHLEEN	
STREET ADDRESS	2617 GLYN STREET	
CITY-ST-ZIP	ORLANDO FL 32807	
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	S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	"	
STREET ADDRESS	"	
CITY-ST-ZIP	"	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003456086--6	
STREET ADDRESS	-11/07/00--01120--001	
CITY-ST-ZIP	****550.00 ****550.00	
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 or changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Kathleen Patenaue* **KATHLEEN PATENAUE** **9/1/00** **407-671-8934**

Pg 2 of 2

TO WHOM IT MAY
CONCERN: { INCLUDED 1 }
(2 COMPANIES)
SEPT. 01, 2000
PAYMENT WAS SENT ,
CHECKS HAVE STILL NOT
CLEARED THE BANK. FOR
PHONE CALL
MICHELE MILLIGAN, SAID
TO RE-ISSUE PAYMENTS.
THANK-YOU 10/30/00
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