May 05, 1999 8:00 am Secretary of State

05-05-1999 90116 023 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000095205

1. Corporation Name

PROFESSIONAL AUTO DETAILING SERVICES, INC.

	•									
Principal Plac	e of Buefness	Mailing Address				(#1 11 9 1911) 1941) 0 411		*****	,,,,	
11099 BAYBRE	EZE WAY	1313 S MILITARY TRAIL	313 S MILITARY TRAIL							
BOCA RATON	FL 33428	STE 295			1	DO NOT WRITE IN THIS SPACE				
,		DEERFIELD BCH FL 33442			3. Data lacen			SPACE	 1	
		<i>)</i> 63				oorated or Qualif	eu			
		1.00			11/06/19 4. FEI Numbe			- TAnn	lied For	
	lace of Business	2a. Mailing Address	or Ho	ب ور	65-0792				Applicable	
21 3116	N. FED HWY	20 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0070192	90		\$8.75 A		
Suite, Apt.	#, etc. #357	Suite, Apt. #, etc.	· ¬		5. Certifcate of	of Status Desired	. 🗆	Fee Rec		
22 27 27 City & State C City & State					C Floring C	mpaign Financi		\$5,00 %		
 . `	HOUSE POINT FL.	28 LIGHTHOUSE /	, דייום	FL		, •		Added to	,	
Zip Zip	Country	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible.					
	25 Country	29 33064 30	¬ ´			roperty Tax.	Sulferit year line		⊒No	
24 5 5	9. Name and Address of Current		4			Address of Ne	w Registered			
	5. Rame and Address of Current	r Registered Agent	81	Name				.		
LAN	ia, Joseph s									
	2 TAFT STREET		82	Street	Address (P.O. Box Nu	mber is Not Acc	eptable)		i	
	BROKE PINES FL 33024		83							
			100							
			84	City			FL	85 Zip C	ode	
	10 007.050	2	**		composition automita th	ic statement for		rhanning its r	enistered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was auth	onzed by	tne corpo	oration's board of direc	tors. I hereby ac	cept the appoir	itment as reg	istered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes	-						
SIGNATURE		Another Manufacture (NOTE: Po	nistored Ager	it eignature n	equired when reinstating)		DATE		——	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS				it significato i		/CHANGES TO		D DIRECTOR	RS IN 12	
TITLE	DPS	DELETE	13.		DPS			Change	Addition	
NAME	HANS, CHARLES J	_					•			
	11099 BAYBREEZE WAY		1.2 NAME	ADDRESS	3116 N. FED	LHWY	# 357			
STREET ADDRESS	BOCA RATON FL 33428		1.4 CITY-S		LIGHT HOUSE	Pour EL	33064			
CITY-ST-ZIP	BS.	DELETE	2.1 TITLE	1-ZIF	Light Hoose	191-1,1-		Change	Addition	
TITLE	HANS, GINDY 5							_		
NAME			2.2 NAME						}	
STREET ADDRESS	11099 BAYBREEZE WAY	_	2.3 STREET						1	
CITY-ST-ZIP	BOCA RATON FL 33428	☐ DELETE	2. 4 CITY-S 3.1 TITLE	1-ZIP				Change	Addition	
TITLE								_ ,	_	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET						ļ	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<u> </u>			Change	Addition	
TITLE		☐ DELETE	4.1 TITLE					[] ourigo		
NAME			4, 2 NAME						1	
STREET ADDRESS			4.3 STREE							
CITY-\$T-ZIP			4.4 CITY-S	T-ZIP				Chargo	↑ Addition	
TITLE		☐ DEFELE	5.1 TITLE					☐ Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE							
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME			6.2 NAME						}	
STREET ADDRESS			6.3 STREET	TADDRESS					ł	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or option attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP