1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90078 001 \*\*\*150.00

## DOCUMENT # P98000017664

1. Corporation Name

MAXED OUT ULTIMATE DETAILING INC.

Principal Place of Business	
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Principal Pace of Business 1128 Royal Palm Rapal Palm Beac	Kead Klul
17 Din Bene	
Kath will Dean	1 Pho
STE# 164	33411
WE#107	2.7711

Mailing Address

1325 S CONGRESS AVE. STE 232

BOYNTON BEACH FL 33426 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/23/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business *65-0813413* Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year intangible Zip ⊒n(o Personal Property Tax. 29 30 25 24 10. Name and Address of New Registers d Agent 9. Name and Adcress of Current Registered Agent CROSS, LAWRENCE Street Address (P.O. Bo) Number is Not Acceptable) C/O MARK VOGEL 1325 S CONGRESS AVE, STE 232 83 **BOYNTON BEACH FL 33426** Zip Code 84 City 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Stati tes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, a m familiar with, and accept the obligations of, Section 607.0505, Fibrida Statutes.

SIGNATUF.E (NOT E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change Addition 11 TITLE TITLE La RRy CROSS 1128 Royal Falm Beach Blid. STE #164 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Royal Palm Brich, FL 33411 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR

CR2E034 (11/98)