

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057142

1. Entity Name
UNIQUE AUTO DETAILING, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90220 021 ***550.00

Principal Place of Business
204 PARK PLACE
JUPITER FL 33458
15110 OAK CHASE COURT
WELLINGTON, FL 33414

Mailing Address
204 PARK PLACE
JUPITER FL 33458
15110 OAK CHASE COURT
WELLINGTON, FL 33414

2. Principal Place of Business
15110 OAK CHASE COURT
Suite, Apt. #, etc.

3. Mailing Address
15110 OAK CHASE COURT
Suite, Apt. #, etc.

City & State
WELLINGTON, FL
Zip
33414
Country
U.S.

City & State
WELLINGTON, FL
Zip
33414
Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0849120
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAHL, CHRISTINE S
204 PARK PLACE
JUPITER FL 33458
15110 OAK CHASE COURT
WELLINGTON, FL 33414

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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: ☐ 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	P & CAHL	<input type="checkbox"/> Delete
NAME	GOHL, MICHAEL N	
STREET ADDRESS	204 PARK PLACE	
CITY-ST-ZIP	JUPITER FL 33458	15110 OAK CHASE COURT WELLINGTON, FL 33414
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAHL, CHRISTIAN S	
STREET ADDRESS	204 PARK PLACE	
CITY-ST-ZIP	JUPITER FL 33458	15110 OAK CHASE COURT WELLINGTON, FL 33414
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
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: Michael N. Gohl REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 07-07-00 Daytime Phone # (561) 745-1138