

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90084 013 ***158.75

DOCUMENT # P98000075615

1. Entity Name

SURF & TURF DETAILING, INC.

Principal Place of Business

**2935 NE 163RD ST. STE 5-E
 NORTH MIAMI BEACH FL 33160**

Mailing Address

**2935 NE 163RD ST. STE 5-E
 NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0860251**

Applied For

Not Applicable

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

**FREDENBURG, A. MICHAEL
 2935 NE 163RD ST, STE 5-E
 NORTH MIAMI BEACH FL 33160**

Name **Robert Henry Silvers (Acc. PA.)**

Street Address (P.O. Box Number is Not Acceptable)
1140 RARE CONTOUR (Floor 5th)

City **Bay Harbor Island** **FL** Zip Code **33154**

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.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **PV** ☐ Delete
 NAME **FREDENBERG, MICHAEL A**
 STREET ADDRESS **2935 NE 163RD ST. STE 5-E**
 CITY-ST-ZIP **NORTH MIAMI FL 33160**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

A. Michael Fredenburg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01
 Date

(305) 945-5995
 Daytime Phone #

CR2E034 (10/00)