

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0330722 AV

04-17-2002 90097 011 ***150.00

DOCUMENT # P99000030743

1. Entity Name
SPARKLE AUTO DETAILING INC.

Principal Place of Business 2141 N.W. 82ND TERRACE FT. LAUDERDALE FL 33322	Mailing Address 2141 N.W. 82ND TERRACE FT. LAUDERDALE FL 33322
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DO NOT WRITE IN THIS SPACE

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0911330**

Applied For
 Not Applicable

Zip Country Zip Country

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

**RICKETTS, DELROY
 2141 N.W. 82ND TERRACE
 FT. LAUDERDALE FL 33322**

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 \$150.00
 After May 1, 2002 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 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE NAME **PCD RICKETTS, DELROY**
 STREET ADDRESS **2141 NW 82ND TERRACE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 addressee, with all other like empowered.

SIGNATURE: *Ricketts*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02
 Date Daytime Phone #

CR2E034 (9/01)