## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P99000036555** Feb 04, 2000 8:00 am **Secretary of State** GARRETT'S DETAILING, INC. 02-04-2000 90023 022 \*\*\*150.00 Principal Place of Business Mailing Address 1511 CRONWELL DRIVE 1511 CRONWELL DRIVE TARPON SPRINGS FL 34681 TARPON SPRINGS FL 34681 2. Principal Place of Business 3. Mailing Address 1511 CROMWELL DRIVE 1511 CROMWELL DRIVE Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AIKEN, GARRETT S Street Address (P.O. Box Number is Not Acceptable) 1511 CRONWELL DRIVE TARPON SPRINGS FL 34681 Zip Code ose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits th **SIGNATURE** Signature, typ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is dis lible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE NAME AIKEN, GARRETT S NAME 1511 CROMWELL DRUC STREET ADDRESS STREET ADDRESS 1511 CRONWELL DRIVE CITY-ST-ZIP CITY-ST-71P TARPON SPRINGS FL 34681 Addition Change Delete TITLE TITLE Andrea Reach NAME NAME STREET ADDRESS STREET ADDRESS 1511 Cromwell Dr TArpon Springs Fl-CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee impowered to changed, or on an attachment with an address, with all of