

APR. 27. 2001 4:44PM FISHER&amp;SAULS

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91340 037 \*\*\*150.00

**DOCUMENT #** P99000036555

1. Entry Name

*Garrett's Detailing, Inc.*

Principal Place of Business

1511 Cromwell Drive  
Tarpon Springs, FL 34681

Mailing Address

1511 Cromwell Drive  
Tarpon Springs, FL 34681

D0054214

DO NOT WRITE IN THIS SPACE

|                                                                              |         |                                                                  |         |                                                                                          |                               |
|------------------------------------------------------------------------------|---------|------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------|-------------------------------|
| 2. Principal Place of Business<br>1754 Oak Pond Court<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>1754 Oak Pond Court<br>Suite, Apt. #, etc. |         | 4. FEI Number<br>593570799                                                               | Applied For<br>Not Applicable |
| City & State<br>Oldsmar, FL 34677                                            |         | City & State<br>Oldsmar, FL 34677                                |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |
| Zip                                                                          | Country | Zip                                                              | Country |                                                                                          |                               |

|                                                                                                                                                |  |                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>Fisher & Sauls, P.A.<br>100 Second Avenue South, Suite 701<br>St. Petersburg, Florida 33701 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 must be printed name of registered agent and date of application.

(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 \$350.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Garrett S. Aiken<br>1511 Cromwell Drive<br>Tarpon Springs, FL 34681 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PTD<br>Garrett S. Aiken<br>1754 Oak Pond Court<br>Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Andrea Aiken<br>1511 Cromwell Drive<br>Tarpon Springs, FL 34681 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SVP<br>Andrea Aiken<br>1754 Oak Pond Court<br>Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garrett S. Aiken

Date

813-818-4514

Daytime Phone #

CR2004 (11/00)