

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043027

1. Entity Name

Details Unlimited of South Florida, Inc.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90188 044 ***150.00

Principal Place of Business

Mailing Address

17104 76th St. N
Loxahatchee, FL
33470

2. Principal Place of Business

17104 76th St. N
Suite, Apt. #, etc.

3. Mailing Address

17104 76th St. N
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL
Zip 33470 Country USA

City & State

Loxahatchee, FL
Zip 33470 Country USA

4. FEI Number

15-0920295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Kent Alexander
17104 76th St. N
Loxahatchee, FL 33470

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

Kent Alexander

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4-21-00

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	Lisa C. Alexander	17104 76th St. N	Loxahatchee, FL 33470	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>

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:

Kent Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-00 (561) 798-5411

Daytime Phone #

CR2E034 (9/99)