

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90066 028 ***150.00

DOCUMENT # P99000044482

1. Entity Name

AUTOMOTIVE DETAIL SERVICE, INC.

Principal Place of Business

2840 WEST BAY DR 135
 LARGO FL 33770

Mailing Address

2840 WEST BAY DR 135
 LARGO FL 33770

2. Principal Place of Business

2840 WEST Bay Dr. #135

3. Mailing Address

2840 WEST Bay Dr. #135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellaire Bluffs, FL

City & State

Bellaire Bluffs, FL

Zip

33770-2620

Country

USA

Zip

33770-2620

Country

USA

4. FEI Number

59-3574706

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

HARRIS, CHARLES M
 101 E. KENNEDY, STE. 2700
 TAMPA FL 33602

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

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 ☐ Delete
 NAME D
 STREET ADDRESS DAGOSTINO, FRANK
 CITY-ST-ZIP 2303 BAYSHORE DR.
 BELLAIR BEACH FL 33786

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS DAGOSTINO, FRANK
 CITY-ST-ZIP 1751 CHARITY DRIVE
 BRENTWOOD, TN 37027

TITLE ☒ Delete
 NAME D
 STREET ADDRESS DODD, CHARLES
 CITY-ST-ZIP 9830 GRACE DR.
 NEW PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK DAGOSTINO

01/17/01

Date

(615) 844-6180

Daytime Phone #

CR2E034 (10/00)