2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000054866** Sep 18, 2000 8:00 am 1. Entity Name DIAMOND FINISH AUTO DETAILING, INC. Secretary of State 09-18-2000 90036 016 ***550.00 Principal Place of Business Mailing Address 9371 MANATI ST 9371 MANATI ST SPRING HILL FL 34608-3424 SPRING HILL FL 34608-3424 Principal Place & Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUARDINO, CHARLES** Street Address (P.O. Box Number is Not Acceptable) 9371 MANATI ST SPRING HILL FL 34608-3424 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (5/00) TITLE ☐ Delete TITLE **GUARDINO, CHARLES** NAME NAME 14699 CORONADO DR STREET ADDRESS STREET ADDRESS 9371 MANATI ST SPRING HILL, FL. 39609 GUARIOTUO, MICHBURGO 14699 CORONADO DR. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608-3424 TITLE ☐ Delete TITLE NAME S NAME **GUARDINO. MICHELLE** STREET ADDRESS STREET ADDRESS 9371 MANATI ST CITY-ST-ZIF **SPRING HILL FL 34608-3424** CITY-ST-ZIP ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME 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 ofal 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 fustee empowered 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 re-