

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90068 029 ***150.00

80100593

DOCUMENT # **PP0000079471**
1. Entity Name
THE LAST DETAIL INC. MOBILE RECONDITIONING SERVICE

Principal Place of Business
MOBILE
Mailing Address
**3725 ISLAND ROAD
PALM BEACH GARDENS, FL
33410**

2. Principal Place of Business
SAME AS ABOVE
Suite, Apt. #, etc.
3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.

City & State
Zip
Country

4. FEI Number
65-0963012
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DAVID R. PALMQUIST **PRESIDENT**
3725 ISLAND RD.
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name
N/A
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SCOTT PRINGLE		NAME		
STREET ADDRESS	147 RAINTREE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL. 33458		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **DAVID R. PALMQUIST** **5/5/00** **(561) 622-2575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #