

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91568 031 ***150.00

DOCUMENT # P99000079471

1. Entity Name
**THE LAST DETAIL INC. MOBILE RECONDITIONING SERVI
 CE**

Principal Place of Business Mailing Address
3725 ISLAND ROAD 3725 ISLAND ROAD
PALM BEACH FL 33410 PALM BEACH FL 33410

2. Principal Place of Business 3. Mailing Address
3725 ISLAND ROAD 3725 ISLAND ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL
 Zip Country Zip Country
33410 33410

4. FEI Number Applied For
65-0963012 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALMQUIST, DAVID
3725 ISLAND ROAD
PALM BEACH FL 33410

7. Name and Address of New Registered Agent

Name
PALMQUIST DAVID
 Street Address (P.O. Box Number is Not Acceptable)
3725 ISLAND ROAD
 City State Zip Code
PALM BEACH GARDENS FL 33410

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P PALMQUIST, DAVID R 3725 ISLAND ROAD PALM BEACH FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT PALMQUIST, DAVID R. 3725 ISLAND ROAD PALM BEACH GARDENS, FL 33410
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/15/02** **(561) 622-2575**
Signature Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE