

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 004 ***158.75

DOCUMENT # **P99000094951** ✓

1. Entity Name

BRANDON DETAIL SPECIALIST, INC

000040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6307 CHAUNCEY ST

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 46745

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

TAMPA FL

FL

TAMPA FL

FL

4. FIC Number

59-36016006

Applied For

Not Applicable

33647

-Country-

33647

-Country-

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARK S POHLMAN

Street Address (P.O. Box number is not acceptable)

801 WEST BAY DR #515

City

LARGO

FL

Zip Code

33170

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

**PRESIDENT
DAVID VERA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V. PRESIDENT
DAVID MIMBS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SEC-TREAS
MARY BETH MCGUCKEN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Beth McGucken **4/30/02** **813-601-5714**

CR2E034B (12/01)