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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # P99000102716 1. Entity Name 02-11-2002 90090 031 ***150 00 BOCA AUTO DETAIL, INC. Principal Place of Business Mailing Address 19351-1 NEW ENGLAND BLVD. 19351-1 NEW ENGLAND BLVD. **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0962796 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DWIGHT MILLARD, KEVIN Street Address (P.O. Box Number is Not Acceptable) 19351-1 NEW ENGLAND BLVD. **BOCA RATON FL 33498** City Zip Code F 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01) NAME DWIGHT MILLARD, KEVIN NAME STREET ADDRESS 19351-1 NEW ENGLAND BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33498** ☐ Delete ☐ Addition TITLE TIT! F Change NAME ANNE MILLARD, SHEILA NAME STREET ADDRESS STREET ADDRESS 19351-1 NEW ENGLAND BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME MILLARD, BRIANNA STREET ADDRESS STREET ADDRESS 19351-1 NEW ENGLAND BLVD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME MILLARD, KEVIN STREET ADDRESS 9127 BEDFORD DR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33434** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleté TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 it 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 rece changed, or on an attachmen SIGNATURE:

win DMillart Prez 4-1-02