

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90056 006 ***150.00

DOCUMENT # K24741

1. Entity Name

A-1 DETAILING, INC.

Principal Place of Business

Mailing Address

C/O JAMES S. NAFZINGER
 3040 GULF TO BAY BLVD., SUITE 200-A
 CLEARWATER FL 34619

C/O JAMES S. NAFZINGER
 3040 GULF TO BAY BLVD., SUITE 200-A
 CLEARWATER FL 33759-4318

C0009345



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18515 DEASON DRIVE

3. Mailing Address *C/O NAFZINGER & ASSOC.*

701 ENTERPRISE RD. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

905

City & State

SPRING HILL FL

City & State

SAFETY HARBOR, FL

4. FEI Number

59-2919719

Applied For

Not Applicable

Zip

Country **USA**

Zip

34695-5342

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAFZINGER, JAMES S.
 NAFZINGER ASSOCIATES, INC.
 3040 GULF TO BAY BLVD., SUITE 200-A
 CLEARWATER FL 34619**

ADDRESS CHANGE

Name

Street Address (P.O. Box Number is Not Acceptable)

701 ENTERPRISE RD. E., STE 905

City

SAFETY HARBOR

FL

Zip Code

34695-5342

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 Delete
 NAME **D MILLER, DOUGLAS M.**
 STREET ADDRESS **18515 DEASON DR**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34610-7176**

TITLE Delete
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00 727-433-2572

CR2E034 (9/99)