


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

06-27-2005 90001 043 ***150.00
K39080

DOCUMENT # K39080 1. Entity Name BOCA GRANDE LIMOUSINE Inc	
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FILED
05 JUL 11 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50053709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 446 4th St.	3. Mailing Address PO Box 413
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOCA GRANDE, FL	City & State BOCA GRANDE, FL	4. FEI Number 65-0089922	Applied For <input type="checkbox"/> Not Applicable
Zip 33921	Country US	Zip 33921	Country US
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name GARY CHRISTENSEN	
	Street Address (P.O. Box Number is Not Acceptable) 446 4th St.	
	City BOCA GRANDE	FL Zip Code 33921

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gary Christensen

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-20-05

DATE

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES: GARY CHRISTENSEN 446 4th St. BOCA GRANDE FL 33921	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address in all other like empowered.

SIGNATURE:

Gary Christensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-05

Date

941-964-0455

Daytime Phone #

CR2034B (12/02)