

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

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

DOCUMENT # **K39080**
1. Entity Name
BOCA GRANDE LIMOUSINE Inc



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.

City & State
BOCA GRANDE, FL

City & State
BOCA GRANDE, FL

Zip
33921

Country
US

Zip
33921

Country
US

4. FEI Number
65-0089922

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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)
444 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 *Jay Christ* DATE **6-20-05**

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

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 444 4th St. BOCA GRANDE FL 33921	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 receiver 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: *Jay Christ* DATE **6-20-05** **941-964-0455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2/02)