

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90015 050 \*\*\*150.00

DOCUMENT # P02000084589

1. Entity Name

RED CAP LIMO, INC.



Principal Place of Business

6231 INTERNATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address

6231 INTERNATIONAL DRIVE  
ORLANDO FL 32819

2. Principal Place of Business

8594 Palm Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

8594 Palm Pkwy  
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32836

Country

ORANGE

Zip

32836

Country

ORANGE

4. FEI Number

MOORE CR2E034 (11/03)

74 3092682  
AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M  
725 NORTH MAGNOLIA AVENUE  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

JERROD ZLATKISS

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

8594 Palm Pkwy

City

ORLANDO

FL

Zip Code

32836

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**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	PD	<input type="checkbox"/> Delete
NAME	ZLATKISS, STEVEN	
STREET ADDRESS	6231 INTERNATIONAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GEORGI, JOSEPH	
STREET ADDRESS	6231 INTERNATIONAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JERROD ZLATKISS	
STREET ADDRESS	8594 Palm Pkwy	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Bassam Georgi	
STREET ADDRESS	8594 Palm Pkwy	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	LINDA ZLATKISS	
STREET ADDRESS	8594 Palm Pkwy	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERROD ZLATKISS	
STREET ADDRESS	8594 Palm Pkwy	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bassam Georgi	
STREET ADDRESS	8594 Palm Pkwy	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA ZLATKISS	
STREET ADDRESS	8594 Palm Pkwy	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #