

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90074 001 \*\*\*908.75

**DOCUMENT # P99000049263**

1. Entity Name

**QUICK LIMO, INC.**

*R*

Principal Place of Business

Mailing Address

5450 NW 33RD AVENUE SUITE 102  
 FORT LAUDERDALE FL 33309

5450 NW 33RD AVENUE SUITE 102  
 FORT LAUDERDALE FL 33309-6353

2. Principal Place of Business

3. Mailing Address

**NW 55 CT.**

**2600 NW 55 CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 234**

**SUITE 284**

City & State

City & State

**FT. LAUDERDALE FL**

**FT. LAUDERDALE FL**

Zip  
**33309**

Country  
**BROWARD**

Zip  
**33309**

Country  
**BROWARD**

4. FEI Number

**65-0923978**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMOE, MICHAEL J**  
**5450 NW 33RD AVENUE SUITE 102**  
**FORT LAUDERDALE FL 33309**

Name

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

City

**FL**

Zip Code

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

*Michael J Demoe*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DEMOE, MICHAEL J</b> <b>5450 NW 33RD AVENUE SUITE 102</b> <b>FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GORE, KEVIN</b> <b>5450 NW 33RD AVENUE SUITE 102</b> <b>FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MOORE, THOMAS J</b> <b>5450 NW 33RD AVENUE SUITE 102</b> <b>FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Michael J Demoe*

**MICHAEL DEMOE 442160**

**954 733 7775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)