

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79305

1. Entity Name

A CLEARWATER LIMOUSINE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90032 009 ***150.00

Principal Place of Business

Mailing Address

2992 FARNHAM WAY
CLEARWATER FL 33761
US

P.O. BOX 16226
CLEARWATER FL 33766-6226
US

2. Principal Place of Business

3371 Tanglewood Trail

3. Mailing Address

3371 Tanglewood Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3087561

Applied For

Not Applicable

Zip

34685

Country

us

Zip

34685

Country

us

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEKLER, IRVIN
2992 FARNHAM WAY
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

3371 Tanglewood Trail

City

Palm Harbor

FL

Zip Code

34685

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

Irvin Mekler Irvin Mekler

4/2/00

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MEKLER, IRVIN	
STREET ADDRESS	2992 FARNHAM WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEKLER, RONNIE S.	
STREET ADDRESS	2992 FARNHAM WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3371 Tanglewood Trail	
STREET ADDRESS	Palm Harbor, FL	
CITY-ST-ZIP	34685	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3371 Tanglewood Trail	
STREET ADDRESS	Palm Harbor, FL	
CITY-ST-ZIP	34685	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Irvin Mekler Irvin Mekler

4/2/00

727-789-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)