

2000 UNIFORM BUSINESS REPORT (UBR)

192

FILED

01 OCT -9 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-01 UBR

DOCUMENT # **V06098**
1. Entity Name **A CENTRAL FLORIDA LIMOUSINE SERVICE INC.**

Principal Place of Business Mailing Address
215 Hickman dr
Sanford, FLA 32771

2. Principal Place of Business 215 Hickman dr Suite, Apt. #, etc.		3. Mailing Address 215 Hickman dr Suite, Apt. #, etc.	
City & State Sanford Fla	City & State Sanford Fla	Zip 32771	Country US

4. FEI Number 59-316551	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Amy Peters 106 W. Greentree lane lake Mary, Fla 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

is corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 P NAME STREET ADDRESS CITY - ST - ZIP	P. Amy Peters 106 W Greentree lane lake Mary, Fla 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100004653811--1 -10/25/01--01070--024 *****308.75 *****308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	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"/> Delete	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: **Amy Peters** 10/8/01 407-260-5800

202

**A CENTRAL FL LIMO
SERVICE INC.**

215 Hickman Dr
Sanford, FL 32771
407-260-5800/office
407-862-2906/fax

October 8, 2001

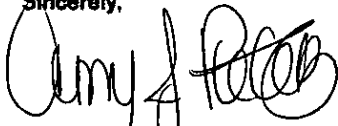
Attn: Leslie Sellers/Division of Corporations Reinstatement

To whom it may concern:

Please accept our check for \$300.00 and \$8.75 for a certificate.

**We did not receive our forms for year 2000. If you would please
fax a copy of our filing to 407-862-2906. Thank you very much for your help.**

Sincerely,



Amy J. Peters/Pres.