

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95510**

1. Entity Name
LIMEYS INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90450 041 ***150.00

Principal Place of Business

**2408 LINWOOD AVE BX 3
NAPLES FL 34112
US**

Mailing Address

**2408 LINWOOD AVE BX 3
NAPLES FL 34112
US**

2. Principal Place of Business

3. Mailing Address

779 E. MERRITT ISLAND CAUSEWAY

**Suite, Apt. #, etc.
PMB # 2207**

**CITY & STATE
MERRITT ISLAND FL**

**Zip
32953**

**Country
USA**

4. FEI Number **59-2214442**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, JOHN W CPA
1201 3RD STREET SOUTH
SUITE 4
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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 **PT** ☐ Delete
NAME **STUART, BRIAN CHARLES**
STREET ADDRESS **2408 LINWOOD AVE, BOX 3**
CITY-ST-ZIP **NAPLES FL 34112-4735**

TITLE **VS** ☐ Delete
NAME **STUART, VIVIAN MARGARET**
STREET ADDRESS **2408 LINWOOD AVE., BOX 3**
CITY-ST-ZIP **NAPLES FL 34112-4735**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

3/31/01 (941) 774 2408

CR2E034 (10/00)