

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90134 020 \*\*\*150.00

**DOCUMENT # J06486**

1. Entity Name

**ARISTOCRAT LIMOUSINE, INCORPORATED**

Principal Place of Business

926 ELDORADO AVENUE  
CLEARWATER FL 34630  
US

Mailing Address

P. O. BOX 3605  
SUITE C  
CLEARWATER FL 33767-8605  
US

2. Principal Place of Business

**14196 MARK DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**14196 MARK DRIVE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LARGO FLA.**

City & State

**LARGO FLA**

4. FEI Number

**59-2778786**

Applied For

Not Applicable

Zip

**33774**

Country

**Pinellas**

Zip

**33774**

Country

**Pinellas**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, CEASAR B.**  
**926 ELDORADO AVE**  
**CLEARWATER FL 34630**

7. Name and Address of New Registered Agent

Name

**STEPHEN LEWIS**

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

**14196 MARK DRIVE**

City

**LARGO**

**FL**

Zip Code

**33774**

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

*Stephen Lewis*

**STEPHEN LEWIS PRES.**

**X**

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 checked="" type="checkbox"/> Delete
NAME	LEWIS, STEPHEN	
STREET ADDRESS	12213 104 LANE N	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, CEASAR B.	
STREET ADDRESS	926 EL DORADO	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN LEWIS	
STREET ADDRESS	14196 MARK DRIVE	
CITY-ST-ZIP	LARGO FLA 33774	
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		
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:

*Stephen Lewis* **STEPHEN LEWIS PRES.**

Date

Daytime Phone #