

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90078 029 ***158.75

DOCUMENT # J25112

1. Entity Name

ASTOR CAB & LIMOUSINE, INC.

Principal Place of Business

**3596 TAMIANI TRAIL
 SUITE M
 PORT CHARLOTTE FL 33952**

Mailing Address

**P.O. BOX ~~4020~~
 PORT CHARLOTTE FL 33949-~~0020~~
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**GOLDSTEIN, DAVID B
 1248 PATERA AVE
 PT CHARLOTTE FL 33980**

Name

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

**26462 PATERA AVE
 PORT CHARLOTTE**

City

FL

**Zip Code
 33980**

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 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, 2002 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
**DP
 HOLMES, JOSEPH
 1607 ULTRAMARINE LANE
 PUNTA GORDA FL 33983**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HOLMES, CONSTANCE V
 1607 ULTRA MARINE LANE
 PUNTA GORDA FL 33983**

TITLE
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/02 (941)
 624-4554**

Date Daytime Phone #

CR2E034 (9/01)