

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J40075

1. Entity Name

EXECUTIVE LIMOUSINE AND TOUR SERVICES, INC.

Principal Place of Business

310 COUNTY BLVD
KISSIMMEE FL 34741

Mailing Address

310 COUNTY BLVD
KISSIMMEE FL 34741

2. Principal Place of Business

310 Country Blvd
Suite, Apt. #, etc.

3. Mailing Address

310 Country Blvd
Suite, Apt. #, etc.

City & State

KISSIMMEE, FL
Zip 34741 Country

City & State

KISSIMMEE, FL
Zip 34741 Country

4. FEI Number

59-2724096

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT IRENE
310 COUNTRY BLVD
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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, 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	P	☐ Delete
NAME	SCHMIDT IRENE	
STREET ADDRESS	310 COUNTY BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	☐ Delete
NAME	PAYTON, OSCAR W	
STREET ADDRESS	310 COUNTRY BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	S	☐ Delete
NAME	DANIEL, EULA	
STREET ADDRESS	2450 GRANADA BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	T	☒ Delete
NAME	SCHMIDT, CARL	
STREET ADDRESS	310 COUNTRY BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	RUDY SHAWN	
STREET ADDRESS	40 RAINBOW BLVD	
CITY-ST-ZIP	BADSON PARK, FLA. 33827	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRENE SCHMIDT 4/27/01 407/855-0575

Date

Daytime Phone #

C0062308



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)