

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55773

1. Entity Name

SUNCOAST CHAUFFEUR AND SEDAN SERVICES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90249 002 ***150.00

Principal Place of Business

Mailing Address

PO BOX 754
LARGO FL 34649-0754

PO BOX 754
LARGO FL 33779-0754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2766322**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CARY L
10363 127TH AVE N.
LARGO FL 33773

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, 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 PD
NAME BROWN, CARY L
STREET ADDRESS 10363-127TH AVENUE NORTH
CITY-ST-ZIP LARGO FL

☐ Delete

TITLE PD
NAME Brown, Cary L.
STREET ADDRESS 1533 San Mateo Dr.
CITY-ST-ZIP Dunedin, FL 34698

☒ Change ☐ Addition

TITLE ST
NAME LANE, JUANITA
STREET ADDRESS 1533 SAN MATEO DR
CITY-ST-ZIP DUNEDIN FL 34698

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

Cary L. Brown Cary L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 (727) 736-8581

Date

Daytime Phone #

CR2E034 (9/99)