

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55773

1. Entity Name

SUNCOAST CHAUFFEUR AND SEDAN SERVICES, INC.

Principal Place of Business

Mailing Address

PO BOX 754  
LARGO FL 34640-0754 33779

PO BOX 754  
LARGO FL 34640-0754 33779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33779

33779

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CARY L  
10360 127TH AVE N. 1533 San Mateo Dr  
LARGO FL 33779 Dunedin FL 34698

Name

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

1533 San Mateo Dr.

City Dunedin

FL

Zip Code 34698

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BROWN, CARY L  
STREET ADDRESS 1533 SAN MATEO DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700005326997--6  
CITY-ST-ZIP -04/23/02--01066--029  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700005326997--6  
CITY-ST-ZIP -04/23/02--01066--030  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700005326997--6  
CITY-ST-ZIP -04/23/02--01066--030  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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.

FILED

02 APR 10 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2766322 Applied For Not Applicable

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

SIGNATURE:

Cary L. Brown

4-8-02 727-422-0219

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**

1. Entity Name

SUNCOAST CHAUFFEUR AND SEDAN SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

P.O. Box 754

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Largo FLORIDA

City & State

4. FEI Number

59-2766322

Applied For

Not Applicable

Zip

33779

Country

Pinellas

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARY L. BROWN

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

1533 San Mateo Dr.

City

Dunedin

FL

Zip Code

34698

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
CARY L. BROWN  
1533 San Mateo Dr.  
Dunedin, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
Juanita Lane  
1533 San Mateo Dr.  
Dunedin, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.9.02

Date

800-237-7676

Daytime Phone #

CR2E034B (12/01)



Division of Corporations  
Other Correspondence Address  
P.O. Box 6327  
Tallahassee, FL 32314

April 9, 2008

To Whom It May Concern,

In gathering our paperwork for the Tax season, it came to our attention that the check sent for 2001 Uniform Business Report had not cleared our bank. I called your phone line and spoke to different departments and no one had our paperwork. I finally spoke to Marketta (sic). She stated that no one was holding our check or paperwork. She also stated that we needed to send a bank statement showing the stop payment on the original check we issued. We were also to include a Xerox copy of the form with a new signature and date, and reissue the check. These items are included for your review.

Due to 2001 paperwork not processing, we have not received our 2002 Uniform Business Report. I have copied a form from your online service and completed for 2002 and included the check payment for 2002.

Please feel to contact me at the telephone number listed below with any questions or concerns. Thank you for your time and consideration.

Sincerely,

Juanita Lane  
Secretary & Treasurer  
800-237-7676 X26323



Bank of America, N.A.  
Regional Center  
P.O. Box 31019  
Tampa, FL 33631-3019

Telephone Banking: 1.800.299.2265

Date of Notice: 11/26/01

Account: Business Economy Checking  
Account Number: 0036 6061 4820

### Stop Payment Notice:

At your request, we have placed a stop payment on the check (item) described below. Please make sure that the information you have provided to us about this item is correct. To cancel your stop payment request or change any of the information noted below, please call us toll free at the number listed above. In addition, if there is a fee associated with your stop payment order, please remember to deduct it from your account balance.

Stop payment order effective:	11/26/01	Amount:	\$150.00
Check number/range:	0000002161	Stop payment fee:	\$30.00
Payee: DEPARTMENT OF STATE	Date of check:		01/30/01
Reason for stop payment: LOST			

### Stop Payment Terms and Conditions.

1. You can withdraw your stop payment order at any time by writing to us at the address listed above. Depending on the nature of your stop payment order, there may be a fee charged to your account for each stop payment order and for each renewal.
2. Because checks (items) are searched by computer, please make sure that the check (item) number, exact amount and account number you've given us are correct. We will not be liable for failing to stop payment on the item if any of this information is incorrect or if we did not have a reasonable amount of time to act upon your stop payment order. **PLEASE NOTE: If a check (item) you have requested a stop payment on has been presented to the bank for payment, or deposited to a bank account via a teller, ATM or night depository before or on the same business day that you placed the stop payment order, we may not be able to stop payment on this item. If this is the case, we cannot be held liable for failing to honor your stop payment.**
3. Your stop payment order will be effective for at least six months, and may be renewed in writing. If you want to renew the stop payment order, please be sure to write to us before the expiration date. If we don't hear from you regarding extending the stop payment order, we will not be liable for paying the check (item) if it is presented to us after this six-month period.
4. By requesting that we stop payment on the check (item), you agree to indemnify and hold us harmless for any loss, claims, damage or costs, including reasonable attorneys' fees, that we incur as a result of honoring your request. Our liability for paying an item subject to a proper and timely stop payment order is limited to the actual loss suffered.