

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94089

1. Entity Name

NEW HORIZON LIMOUSINE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90105 014 ***150.00

Principal Place of Business

Mailing Address

19701 GULF BLVD.
 #404
 INDIAN SHORES FL 33785
 US

19701 GULF BLVD.
 #404
 INDIAN SHORES FL 33785-2386
 US

2. Principal Place of Business

3. Mailing Address

7289 Mt. Piney Rd NE
 Suite, Apt. #, etc.

7289 Mt. Piney Rd NE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 St. Petersburg, FL

City & State
 St. Petersburg FL

4. FEI Number 59-2850411

Applied For
 Not Applicable

Zip Country
 33702 USA

Zip Country
 33702 USA

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

STOVER, BONNIE L.
 19701 GULF BLVD.
 STE 404
 INDIAN SHORES FL 33785

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 NAME STREET ADDRESS CITY-ST-ZIP	PVD STOVER, BONNIE 19701 GULF BLVD #404 INDIAN SHORES FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PARR, JAMES R 19701 GULF BLVD #404 INDIAN SHORES FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bonnie L. Stover

Date

Daytime Phone #

4/24/00 727 525-9903

CR2E034 (9/99)