

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90108 035 ***150.00

DOCUMENT # **L91180**

1. Entity Name
PARADISE LIMOUSINES OF PINELLAS COUNTY, INC.



Principal Place of Business
**5982 106TH TER N
PINELLAS PARK FL 34666**

Mailing Address
**5982 106TH TER N
PINELLAS PARK FL 34666**



2. Principal Place of Business

8801 66th ST. NO.

3. Mailing Address

8801 66th ST. NO.

Suite, Apt. #, etc.

BLDG. F

Suite, Apt. #, etc.

BLDG. F

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

Zip

Country

33782

Zip

Country

33782

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3027991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONGELLO, GUY J.
5982 106TH TERRACE N.
PINELLAS PARK FL 33782**

7. Name and Address of New Registered Agent

Name

TAMMY GREEN-SHAW PRES

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

7804 128th STREET

City

SEMINOLE

FL

Zip Code

33776

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tammy Green-Shaw*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MONGELLO, GUY JOSEPH**
STREET ADDRESS **5982 106TH TER N**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **D** ☐ Delete
NAME **GREEN, TAMMY S**
STREET ADDRESS **7804 128TH STREET**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** ☐ Delete
NAME **SHAW, DAVID**
STREET ADDRESS **7804 128TH STREET**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT/SECRET**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP**
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
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Guy Mongello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

727-541-4354
Daytime Phone #

0501288 AV

CR2E034 (10/02)