

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90042 036 ***150.00

DOCUMENT # P00000038743

1. Entity Name

MAPLE LEAF LIMOUSINE SERVICE INC.

Principal Place of Business

12510 CITRUS VALLEY DR
TAMPA FL 33625

Mailing Address

12510 CITRUS VALLEY DR
TAMPA FL 33625

2. Principal Place of Business

9032 LK. CHASE ISLAND WY. TAMPA FL 33625

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

593643178

Applied For

Not Applicable

Zip

33626

Country

USA

Zip

33626

Country

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

DOWNEY, WILFRED D
12510 CITRUS VALLEY DR
TAMPA FL 33625

Name

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

9032 LK CHASE ISLAND WAY

City
TAMPA

FL

Zip Code
33626

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

Wilfred David Downey (WILFRED DAVID DOWNEY)

04/14/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<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	SECRETARY DEANNA LEA DOWNEY 9032 LK CHASE ISLAND WAY TAMPA FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Wilfred David Downey (WILFRED DAVID DOWNEY) 4/14/01 813-968-0485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)