

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90094 002 \*\*\*150.00

**DOCUMENT # P00000101608**

1. Entity Name  
**CITY CAB & LIMOUSINE, INC.**

Principal Place of Business  
~~1271 S FERDON BLVD~~  
**CRESTVIEW FL 32539 L**

Mailing Address  
~~1271 S FERDON BLVD~~  
**CRESTVIEW FL 32539 L**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**881 A. W. James Lee**

3. Mailing Address  
**881 A. W. James Lee**

Suite, Apt. #, etc.  
**A or B**

Suite, Apt. #, etc.  
**A or B**

City & State  
**Crestview, Fla.**

City & State  
**Crestview, Fla.**

4. FEI Number  
**190406484**

Applied For  
 Not Applicable

Zip  
**32536**

Country  
**Okaloosa**

Zip  
**32536**

Country  
**Okaloosa**

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**

**CARPENTER, JEFFERSON K**  
~~1271 S FERDON BLVD~~  
~~CRESTVIEW FL 32539~~  
**881 A. W. James Lee**  
**Crestview, Fla. 32536**

Name  
**Pamela A. Hopkin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Sams**  
 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  
**16 Apr. 01**

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  
**P**  
 NAME  
**CARPENTER, JEFFERSON K**  Delete  
 STREET ADDRESS  
~~1271 S FERDON BLVD~~  
 CITY-ST-ZIP  
~~CRESTVIEW FL 32539~~

TITLE  
**P**  
 NAME  
**Pamela A. Hopkin**  Change  Addition  
 STREET ADDRESS  
**881 A. W. James Lee**  
 CITY-ST-ZIP  
**Crestview, Fla. 32536**

TITLE  
**VST**  
 NAME  
**HOPKIN, PAMELA A**  Delete  
 STREET ADDRESS  
~~1271 S FERDON BLVD~~  
 CITY-ST-ZIP  
~~CRESTVIEW FL 32539~~  
*All stocks transferred to myself*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition  
*My report will follow*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**16 Apr. 01**

Daytime Phone #

CR2E034 (10/00)