

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90227 033 ***550.00

DOCUMENT # P00000110203

1. Entity Name
EXCURSION LIMOUSINES, INC.

Principal Place of Business

1737 S.W. 108TH WAY
 DAVIE FL 33324

Mailing Address

1737 S.W. 108TH WAY
 DAVIE FL 33324

2. Principal Place of Business

1532 S. DIXIE HIGHWAY

3. Mailing Address

1532 S. DIXIE HWY

Suite, Apt. #, etc.

~~COMPASSION~~

Suite, Apt. #, etc.

City & State

POMPANO BCH, FL

City & State

POMPANO BCH, FL 33060

Zip

33060

Country

Zip

33060

Country

4. FEI Number

65-1057748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DIAZ, ERIC
 1737 S.W. 108TH WAY
 DAVIE FL 33324

7. Name and Address of New Registered Agent

Name

ERIC DIAZ

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

1532 S. DIXIE HWY

City

POMPANO BEACH

FL

Zip Code

33060

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

ESL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-8-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ERIC 1737 S.W. 108TH WAY DAVIE FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1532 S. DIXIE HWY POMPANO BCH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGG, DAVID 1737 S.W. 108TH WAY DAVIE FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1532 S. DIXIE HWY POMPANO BCH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, BENJAMIN 1737 S.W. 108TH WAY DAVIE FL 33324 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-02

9547849989

Date

Daytime Phone #