

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

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DOCUMENT # P00000114701

1. Entity Name

BARLOW'S LIMOUSINE SERVICE, INC.

03-19-2001 90043 036 ***150.00

Principal Place of Business

Mailing Address

**3515 ARDISIA RD
 JACKSONVILLE FL 32209**

**3515 ARDISIA RD
 JACKSONVILLE FL 32209**

J O O U L O

2. Principal Place of Business

1403 Dunn Ave. Suite 17

3. Mailing Address

P.O. Box 40262

Suite, Apt. #, etc.
Suite 17

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville, FL

4. FEI Number

59-3702266

Applied For

Not Applicable

Zip

Country

32218

Duval

Zip

Country

32203-0262

Duval

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARLOW, A WELLINGTON ESQ
 1403 DUNN AVE STE 17
 JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

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, 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: **D** Delete
 NAME: **BARLOW, ARTHUR W SR**
 STREET ADDRESS: **3515 ARDISIA RD**
 CITY-ST-ZIP: **JACKSONVILLE FL 32209**

TITLE: **President, Sec & Trs.** Change Addition
 NAME: **A. Wellington Barlow**
 STREET ADDRESS: **1403 Dunn Ave. Suite 17**
 CITY-ST-ZIP: **Jacksonville, FL. 32218**

TITLE: Delete
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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: *A. Wellington Barlow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

904.757.2425

Date

Daytime Phone #

CR2E034 (10/00)