

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90119 009 ***150.00

DOCUMENT # P01000045997

1. Entity Name
SUN CITY LIMO, INC.

Principal Place of Business

**1919 N W 58TH STREET
 MIAMI FL 33142**

Mailing Address

**1919 N W 58TH STREET
 MIAMI FL 33142**

2. Principal Place of Business

1919 N.W. 56th Street

Suite, Apt. #, etc.

3. Mailing Address

1919 N.W. 56th Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. FEI Number

65-1121277

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PROCTOR, ERIC M
 1919 N W 58TH STREET
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name **Eric M Proctor, Eric M.**

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

1919 N.W. 56th Street

City

Miami

FL

Zip Code

33142

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 **Eric M Proctor**

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, 2002 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

TITLE **D.** ☐ Delete
 NAME **PROCTOR, ERIC M**
 STREET ADDRESS **1919 N W 58TH STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☒ Change ☐ Addition
 NAME **Proctor, Eric M.**
 STREET ADDRESS **1919 NW 56th Street**
 CITY-ST-ZIP **Miami, FL 33142**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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: **Eric M. Proctor, Eric M. Proctor**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02
 Date

(305) 638-0036
 Daytime Phone #

CR2E034 (9/01)