

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 22 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO100052900*

1. Entity Name

Designer Limousines INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 Coville ST

3. Mailing Address

206 Coville ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Crawfordville FL

City & State
Crawfordville FL

4. FEI Number

57-3726247

Applied For

Not Applicable

Zip

32327

Country

FLORIDA

Zip

32327

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CAROL ANN REEVES

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

206 Coville ST

City
Crawfordville FL

FL

Zip Code
32327

**DO NOT WRITE
IN THIS SPACE**

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

Carol Ann Reeves

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

(NOTE: Registered Agent signature required when reinstating)

April 22-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Judy Reeves
206 Coville ST
Crawfordville FL 32327*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*800005314938--3
-04/22/02--01101--009
****150.00 ****150.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
CAROL ANN REEVES
206 Coville ST
Crawfordville FL 32327*

TITLE
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STREET ADDRESS
CITY-ST-ZIP
*800005314938--3
-04/22/02--01101--009
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Ann Reeves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22-02

Date

926-2292

Daytime Phone #

CR2E034B (12/01)