

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000021875

1. Entity Name
I.C.E. LIMOUSINE AND TRANSPORTATION SERVICE,
INC.



FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90008 050 ***158.75

Principal Place of Business
4461 VINTON RD.
JACKSONVILLE, FL 32207

Mailing Address
4461 VINTON RD.
JACKSONVILLE, FL 32207

2. Principal Place of Business
2223 ATLANTIC BLVD

3. Mailing Address
PO BOX 54361

Suite, Apt. #, etc.
Jacksonville, FL

Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State

City & State
Jacksonville, FL

4. FEI Number
71-0868893

Applied For
Not Applicable

Zip
32207

Country
USA

Zip
32245

Country
USA

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

KNOPF, LORA L
4461 VINTON RD.
JACKSONVILLE, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)
9745 Southbrook DR #2405

City Jacksonville

FL

Zip Code
32256

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KNOPF, LORA L
4461 VINTON RD.
JACKSONVILLE, FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9745 Southbrook DR #2405
Jacksonville, FL 32256 ☒ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

Daytime Phone #

4/8/04 904-251-3024