

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90068 025 ***150.00

0007489 AV

DOCUMENT # P02000093909

1. Entity Name

CHADWICK LIMOUSINE SERVICE, INC.



Principal Place of Business

**417 SAN NICOLAS WAY
ST. AUGUSTINE FL 32080**

Mailing Address

**417 SAN NICOLAS WAY
ST. AUGUSTINE FL 32080**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-2290610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLBROOK, H. LEON
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE FL 32202**

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. 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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 ☐ Delete
NAME **D**
STREET ADDRESS **CHADWICK, STEVEN E**
CITY-ST-ZIP **417 SAN NICOLAS WAY
ST. AUGUSTINE FL 32080**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Revised Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90136826
#02000093909

KRESGE, PLATT & ABARE, PLLC

Certified Public Accountants

1200 Plantation Island Drive South Suite 230

St. Augustine, Florida 32080

(904) 460-0747 Fax (904) 460-0947

Email dsalvia@kpacpa.com

Kenneth R. Kresge, CPA
William T. Abare III, CPA

Benjamin L. Platt, CPA

May 15, 2003

Dear Sir/Madam,

It has recently come to my attention that the 2003 Uniform Business Report, for the above taxpayer, has yet to be filled. The document was originally sent to the taxpayer's prior accountant who failed to remit the return or forward it to the taxpayer until after the due date had passed. We, therefore request that the late fee of \$400 be waived. Enclosed is the \$150 amount due. We appreciate your attention to this matter.

Thank you,
Darrell Philip Salvia



Staff Accountant
Kresge, Platt, & Abare, PLLC
1200 Plantation Island Drive
Suite 230
St. Augustine, FL 32080



Members of:
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

