

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90193 023 ***150.00

DOCUMENT # **P02000123805**

1. Entity Name

ALSTOTT LIMOUSINE, INC.
LIMOUSINE



Principal Place of Business

721 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701
US

Mailing Address

721 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

18395 Gulf Blvd.
Suite, Apt. #, etc.
Suite 103

City & State

Indian Shores FL
Zip **33785** Country **USA**

3. Mailing Address

18395 Gulf Blvd.
Suite, Apt. #, etc.
Suite 103

City & State

Indian Shores FL
Zip **33785** Country **USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0494478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENGLANDER, LEONARD S
721 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **Alstott Limousine**
Street Address (R.O. Box Number is Not Acceptable)
18395 Gulf Blvd
Suite 103
City **Indian Shores** **FL** Zip **33785**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

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

TITLE **P** ☐ Delete
NAME **CHIVAS, FRANK**
STREET ADDRESS **721 FIRST AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **SEC** ☒ Delete
NAME **ALSTOTT, MICHAEL**
STREET ADDRESS **721 FIRST AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Chivas, Frank**
STREET ADDRESS **18395 Gulf Blvd. Suite 103**
CITY-ST-ZIP **Indian Shores, FL 33785**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Frank R. Chivas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

727 391 4052

Daytime Phone #

CR2E034 (10/02)