

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90212 028 ***158.75

DOCUMENT # P02000128818

1. Entity Name

A ELEGANT INTERNATIONAL LIMOUSINES OF TAMPA BAY, INC



Principal Place of Business
**5982 106TH TERRACE NORTH
PINELLAS PARK FL 33782**

Mailing Address
**5982 106TH TERRACE NORTH
PINELLAS PARK FL 33782**

2. Principal Place of Business

3. Mailing Address

5145 75TH STREET NO.

5145 75TH STREET NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

4. FEI Number

04-3729923

Applied For

Not Applicable

Zip

Country

33709

Zip

Country

33709

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

**MONGELLO, GUY J PRES
5982 106TH TERRACE NORTH
PINELLAS PARK FL 33782**

Name

GUY J MONGELLO

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

*** 5145 75TH ST. NO.**

City

ST. PETERSBURG

FL

Zip Code

33709

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

Guy J. Mongello

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

(NOTE: Registered Agent signature required when reinstating)

4-10-03

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 **P**
STREET ADDRESS **MONGELLO, GUY J**
CITY-ST-ZIP **5982 106TH TERRACE NORTH
PINELLAS PARK FL 33782**

TITLE ☒ Change ☐ Addition
NAME **P/T**
STREET ADDRESS **GUY J. MONGELLO**
CITY-ST-ZIP **5145 75TH STREET NO.
ST PETERSBURG, FL 33709**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP/S**
STREET ADDRESS **SHIRLEY A. MONGELLO**
CITY-ST-ZIP **5145 75TH ST. NO.
ST. PETERSBURG, FL 33709**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D.**
STREET ADDRESS **JOSEPH CIARUZZO SR.**
CITY-ST-ZIP **5145 75TH ST. NO.
ST. PETERSBURG, FL 33709**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Guy J. Mongello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

727-547-8022

Daytime Phone #

CR2E034 (10/02)