

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 17 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000088508

1. Entity Name
UNIQUE LIMOUSINE SERVICE INC.



Principal Place of Business

2501 BRISTOL DRIVE
SUITE B-10
WEST PALM BEACH, FL 33409 US

Mailing Address

2501 BRISTOL DRIVE
SUITE B-10
WEST PALM BEACH, FL 33409 US

DO NOT WRITE IN THIS SPACE



07292007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3033919

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIKOLOS, DIMITRIOS
2501 BRISTOL DRIVE
SUITE B-10
WEST PALM BEACH, FL 33409

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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. 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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME NIKOLOS, DIMITRIOS
STREET ADDRESS 2501 BRISTOL DRIVE SUITE B-10
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE
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09/17/07--01047--016 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

9/12/07 (561)686-7817
Date Daytime Phone #

9/18/07