

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002495

1. Entity Name

ALL POINTS LIMOUSINE SERVICES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90182 011 ***158.75

Principal Place of Business

75 N.E. 6TH AVENUE, SUITE 109
DELRAY BEACH FL 33483
US

Mailing Address

75 N.E. 6TH AVENUE, SUITE 109
DELRAY BEACH FL 33483-5452
US

A0038040

2. Principal Place of Business

3. Mailing Address

All Points Limousine Service
Suite 109
1445 North Congress Ave.
Suite 7
Delray Beach, FL 33445

All Points Limousine Service
Suite 109
1445 North Congress Ave.
Suite 7
Delray Beach, FL 33445



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0460022

Applied For
Not Applicable

Zip Country

Zip Country

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

CARRY, PEGGY L
1515 NORTH FEDERAL HWY
STE 300
BOCA RATON FL 33432

Name Dale Flewellyn
Street Address (P.O. Box Number is Not Acceptable)
1445 N Congress Ave #7
City Delray Beach FL Zip Code 33445

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.

SIGNATURE *Dale Flewellyn*

(NOTE: Registered Agent signature required when reinstating)

DATE 3/30/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME LITVACK, KEN
STREET ADDRESS 6554 N.W. 31ST WAY
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VP ☐ Delete
NAME BESERANY, JOHN
STREET ADDRESS 9830 A BOCA GARDENS CIRCLE NORTH
CITY-ST-ZIP BOCA RATON FL 33456

TITLE ST ☐ Delete
NAME FLEWELLYN, DALE
STREET ADDRESS 8408 ELAINE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

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

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

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

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

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

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

13. 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 11 or Block 12 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

3/31/00 561266 9255

Date

Daytime Phone #

CR2E034 (9/99)