

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90059 046 ***150.00

DOCUMENT # P94000013453
Entity Name
LIMON ENTERPRISES, INC.

Principal Place of Business Mailing Address
7 CYPRESS CREEK DR. E. 3037 CYPRESS CREEK DR. E.
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082-3013
US

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
LIMON, HILDEBRANDO A
3037 CYPRESS CREEK DR. E.
PONTE VEDRA BEACH FL 32082

4. FEI Number 59-3226809 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
(See criteria on back) Make Check Payable to Department of State
10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	NAME		NAME		
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS		
	CITY-ST-ZIP		CITY-ST-ZIP		
NAME	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS		
	CITY-ST-ZIP		CITY-ST-ZIP		
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STREET ADDRESS	NAME		NAME		
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS		
	CITY-ST-ZIP		CITY-ST-ZIP		

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: 3/28/00 904-285-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #