

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morjan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000057870 (4)

1. Corporation Name

ULTIMA LIMOUSINE SERVICE, INC.

Principal Place of Business

7624 FARMLAWN DRIVE  
PORT RICHEY FL 34668

Mailing Address

7624 FARMLAWN DRIVE  
PORT RICHEY FL 34668



3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 1056

4. FEI Number

59-3329322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 190.03?  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADDESSI, MICHAEL V  
% NETWORK BUSINESS SOLUTIONS, INC.  
8623 REGENCY PARK BLVD.  
PORT RICHEY FL 34668

81 Name

Mark Lauer

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

P.O. Box 1056, 7624 Farmlawn Drive

83

84 City

Port Richey, FL

FL

85 Zip Code  
34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mark S. Lauer

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

7/3/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT, Secretary & Treasurer  
NAME Mark Lauer  
STREET ADDRESS P.O. Box 1056  
CITY-ST-ZIP Port Richey, FL 34668

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

7624 Farmlawn Drive  
Port Richey, FL 34668

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500001893915  
-07/16/96--01014--040  
\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark S. Lauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

813 845-4648

Daytime Phone #

CR2E034 (3/96)