2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073168

DOCUMENT # P95000073168 1. Entity Name ALL FLORIDA CAB, SHUTTLE & LIMO, INC.							Apr 03, 2000 8:00 am Secretary of State 04-03-2000 90199 045 ***150.00				
Principal Place of Business Mailing Address											
305 KINGSTON AVENUE DAYTONA BEACH FL			305 KINGSTON AVENUE DAYTONA BEACH FL 32114-2003								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	4. FEI Number 59-3338633 Applied For				
Zip Country			Zip	Zip Country		5. (Certificate of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent						7. N	lame and Address of New Reg	istered Ag	ent		
KIDD, SUSAN L % DAYTONA BUSINESS SERVICES, INC.					Name Street Address (P.O. Box Number is Not Acceptable)						
2435 S. RIDGEWOOD AVE., SUITE 6 SOUTH DAYTONA FL 32119				City				FL	Zip Code	9	
8. The above	named entity s	ubmits this statement f	or the purpose of changi	ing its registere	ed office or regis	stered ag	ent, or both, in the State of Florid				
SIGNATURE .	Signature tringed or	printed name of registered agen	t and title if applicable	(NOTE: Penietara	d Agent signature requ	ilred when re	unetating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)						0	10. Election Campaign Finan Trust Fund Contribution.	cing		O May Be to Fees	
11.		OFFICERS AND	DIRECTORS	12.	•	AD	I DITIONS/CHANGES TO OFFICE	ERS AND D	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINNIGER, I 48 BROWN MIDDLETOW	STREET	☐ Delete	NAM STRE				[Change	Addition	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-254-8839

FILED