

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90107 020 ***158.75

DOCUMENT # P 96 000002496

1. Entity Name
J+M LIMOUSINES, INC.
10548-SPRING HILL DR.
SPRING HILL, FL 34608

Principal Place of Business
10548-SPRING HILL DR.
SPRING HILL, FL 34608

Mailing Address
10548-SPRING HILL DR.
SPRING HILL, FL 34608

2. Principal Place of Business
10548-SPRING HILL DR.
 Suite, Apt. #, etc.

3. Mailing Address
10548-SPRING HILL
 Suite, Apt. #, etc.

City & State
SPRING HILL, FL.
 Zip
34608

City & State
SPRING HILL, FL.
 Zip
34608

4. Filing Number
57-3352952

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERT J. SCARANTINO
2512-GLENRIDGE DR.
SPRING HILL, FL. 34609

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

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 Robert J. Scarantino
 Signature, typed or printed name of registered agent and title if applicable.

Registered Agent's signature

with (if stating)

DATE

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT J. SCARANTINO	
STREET ADDRESS	2512-GLENRIDGE DR.	
CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DORA CESARO	
STREET ADDRESS	11462-CHALK FARM RD.	
CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE	TRUST.	<input type="checkbox"/> Delete
NAME	FLORENCE SCARANTINO	
STREET ADDRESS	2512-GLENRIDGE DR.	
CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE	SECY.	<input type="checkbox"/> Delete
NAME	ANTHONY CESARO	
STREET ADDRESS	11462-CHALK FARM RD.	
CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert J. Scarantino **RES. ROBERT J. SCARANTINO** **5-11/00** **(352) 688-2989**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)