

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027284

1. Entity Name

E & C LIMOUSINE SERVICE, INC.

Principal Place of Business

9468 S MILITARY TRAIL
BOYNTON BEACH FL 33487

Mailing Address

9468 S MILITARY TRAIL
BOYNTON BEACH FL 33487

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0660084

Applied For

Not Applicable

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

HAVENS, EARL
9468 S MILITARY TRAIL
BOYNTON BEACH FL 33487

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 EARL HAVENS

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSD
NAME HAVENS, EARL
STREET ADDRESS 9468 S MILITARY TRAIL
CITY-ST-ZIP BOYNTON BEACH FL 33487 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900003408219-9
CITY-ST-ZIP -09/28/00--01078--003
****550.00 ****550.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 *Earl Havens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-736-2202
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 SEP 25 PM 12:04



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)