2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P96000028344** May 04, 2000 8:00 am Secretary of State 1. Entity Name GARY SHEFFIELD LIMOUSINE, INC. 05-04-2000 90138 013 ***150.00 Principal Place of Business Mailing Address 25 2ND STREET NORTH 25 2ND STREET NORTH SUITE 160 SUITE 160 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701-3362 2. Principal Place of Business 3. Mailing Address 6731 30th St. So. 6731 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Petersburg. Applied For City & State 4. FEI Number 59-3375867 Robersburg Not Applicable \$8.75 Additional 5. Certificate of Status Desired us A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, HAROLD Street Address (P.O. Box Number is Not Acceptable) 25 SECOND ST. NORTH, SUITE 180-ST-PETERSBURG FL-33701-20th St. So. 6731 8. The above named entity submits this statemer for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition Delete TITLE TITLE 6731 30th St. So. SHEFFIELD, GARY A NAME NAME STREET ADDRESS STREET ADDRESS 25 SECOND ST N STE-160 CITY-ST-ZIP CITY-ST-ZIE ST PETERSBURG FL 33701. ☐ Addition ST TITLE ☐ Delete TITLE JONES, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS -25-SECOND ST N STE-160 CITY-ST-ZIP CITY-ST-ZIP ST-PETERSBURG FL 33701 ☐ Addition ☐ Delete TITLE TITLE JONES, BETTY NAME NAME STREET ADDRESS STREET ADDRESS 25 SECOND ST N STE 160-CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 emp

Daytime Phone #