

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90460 026 ***150.00

00068644

DO NOT WRITE IN THIS SPACE

DOCUMENT # **PG7000014867**

1. Entity Name **ROCKEFELLER LIMO OF FLORIDA INC.**

Principal Place of Business **859 TANBARK DR. NAPLES FLORIDA SUITE 102 34108**

Mailing Address **SAME**

2. Principal Place of Business **859 TANBARK DR. 102**

3. Mailing Address **SAME**

Suite, Apt. #, etc. **102**

Suite, Apt. #, etc. **SAME**

City & State **NAPLES FLORIDA**

City & State **SAME**

Zip **34108**

Country **COLLIER**

Country **SAME**

4. FEI Number **Applied For**

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

6. Name and Address of Current Registered Agent **BRUCE CRONWELL PRESIDENT 859 TANBARK DR. 102 NAPLES FL. 34108**

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 **Bruce W. Cronwell** DATE **6/29/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete

NAME **BRUCE CRONWELL**

STREET ADDRESS **859 TANBARK DR. NAPLES FL**

CITY-ST-ZIP **34108**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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: **Bruce Cronwell** DATE **6/29/2000** DAYTIME PHONE # **941 598-4666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

DIVISION OF CORPORATIONS
STATE OF FLORIDA

To who it may concern
we never received the
document. It might have
been do to the replacement
of free standing mail
boxes this winter at our
160 unit condo complex.

ROCKEFELLER LHM O
OF FLORIDA INC.

Bruce M. Cronally
PRESIDENT