

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90305 002 ***163.75

DOCUMENT # **P97000014867**

1. Entity Name
ROCKEFELLER LIMO. OF FL INC.



DO NOT WRITE IN THIS SPACE

94055849

2. Principal Place of Business
859 TANBARK DR

Suite, Apt. #, etc.
#102

City & State
NAPLES FL

Zip
34108

Country
USA

3. Mailing Address
859 TANBARK DR.

Suite, Apt. #, etc.
#102

City & State
NAPLES FL.

Zip
34108

Country
USA.

4. FEI Number
59-3462630

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
BRUCE CROUNNELLY

Street Address (P.O. Box Number is Not Acceptable)
859 TANBARK DR. #102

City
NAPLES FL.

City
FL Zip Code
34108

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
BRUCE CROUNNELLY
859 TANBARK DR #102
NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE **Bruce Cronnelly** **BRUCE CROUNNELLY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2004 **239 598-4666**
Date Daytime Phone #

CR2E034B (12/02)