

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016865

1. Entity Name

PLATINUM LIMOUSINE SERVICE OF ORLANDO INC

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90022 027 ***150.00

Principal Place of Business

Mailing Address

1224 ROXBORO RD
LONGWOOD FL 32750

1224 ROXBORO RD
LONGWOOD FL 32750-6815

2. Principal Place of Business

8379 Roubing River DR
Suite, Apt. #, etc.

3. Mailing Address

8379 Roubing River DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sanford FL

City & State

Sanford FL

4. FEI Number

59-3425796

Applied For

Not Applicable

Zip

Country

32771

Sevinole

Zip

Country

32771

Sevinole

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

SHUB, TODD
1224 ROXBORO RD
LONGWOOD FL 32750

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SHUB, TODD R
STREET ADDRESS 1224 ROXBORO RD
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE P
NAME Shub Todd R
STREET ADDRESS 8379 Roubing River DR
CITY-ST-ZIP Sanford FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-2000 407322-3364

CR2E034 (9/99)