

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045772

1. Entity Name

A COBBLESTONE LIMOUSINE SERVICE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90023 046 ***150.00

Principal Place of Business

Mailing Address

2440 SE FEDERAL HWY
SUITE 101
STUART FL 34994
US

1850 PALM CITY RD
SITE CC-203
STUART FL 34994-7205
US

2. Principal Place of Business

3. Mailing Address

2440 SE Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite X

City & State

City & State

STUART FL

Zip

Country

Zip

Country

34994 USA

4. FEI Number

65-0757857

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

BELL, BRITTANY
1850 PALM CITY ROAD #CC-203
STUART FL 34994

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 CP
NAME BELL, DEVON
STREET ADDRESS 1850 PALM CITY RD - CC203
CITY-ST-ZIP STUART FL 34994 ☐ Delete

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

TITLE DVS
NAME BELL, BRITTANY LEE
STREET ADDRESS 1850 PALM CITY RD - CC 203
CITY-ST-ZIP STUART FL 34994 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Devon Bell

Date

Daytime Phone #

4-4-00 561-286-2637

CR2E034 (9/99)