

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90046 040 \*\*\*150.00

DOCUMENT # P97000085186

1. Corporation Name

ATLANTIC PRIVATE CAR SERVICE, INC.

Principal Place of Business

295 SE ST LUCIE BLVD  
SUITE 104  
STUART FL 34996  
US

Mailing Address

11000 PROSPERITY FARMS ROAD  
SUITE 104  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

65-0790245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

LEONE, RENE  
11000 PROSPERITY FARMS RD  
SUITE 104  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

RENE, PETER RENE & LEONE, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

11000 PROSPERITY FARMS ROAD

83 Suite 104

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE BA R Rene President Rene & Leone P.A.

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

(NOTE: Registered Agent signature required when reinstating)

3-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME ZABRAUSKAS, JAMI  
STREET ADDRESS 295 S.E. ST. LUCIE BLVD.  
CITY-ST-ZIP STUART FL 34996

TITLE VPSD ☐ DELETE  
NAME ZABRAUSKAS, STEPHEN  
STREET ADDRESS 295 S.E. ST. LUCIE BLVD.  
CITY-ST-ZIP STUART FL 34996

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, S, D ☒ Change ☐ Addition  
1.2 NAME ZABRAUSKAS, STEPHEN  
1.3 STREET ADDRESS 295 S.E. ST. LUCIE BLVD.  
1.4 CITY-ST-ZIP STUART, FL. 34996

2.1 TITLE V, T, D ☒ Change ☐ Addition  
2.2 NAME ZABRAUSKAS, JAMI  
2.3 STREET ADDRESS 295 S.E. ST. LUCIE BLVD.  
2.4 CITY-ST-ZIP STUART, FL. 34996

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

3/11/99

Date

Daytime Phone #

CR2E034 (11/98)