

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070164

1. Entity Name
H-DRIVE LIMOS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90096 024 ***150.00

Principal Place of Business
5260 WEST IRLO BRONSON HIGHWAY
SUITE 119
KISSIMMEE FL 34746

Mailing Address
5260 WEST IRLO BRONSON HIGHWAY
SUITE 119
KISSIMMEE FL 34746-5349

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3526642

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JONES, MICHAEL B ESQ
7652 ASHLEY PARK CT.
STE 300
ORLANDO FL 32835

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 PD
NAME WRIGHT, MALCOLM J
STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY
CITY-ST-ZIP SUITE 118 KISSIMMEE FL 34746

☐ Delete

TITLE ST
NAME WRIGHT, GILLIAN M
STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY
CITY-ST-ZIP SUITE 118 KISSIMMEE FL 34746

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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

2/4/2000

Date

Daytime Phone #

CR2E034 (9/99)