

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

DOCUMENT # 098000070164

1. Entity Name

1-DRIVE LIMOS INC

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90030 001 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5260 W 12th AVE BRONSON

Suite, Apt. #, etc.

SUITE 118

City & State

MIAMI BEACH FL

Zip

33136

Country

3. Mailing Address

5260 W 12th AVE BRONSON HWY

Suite, Apt. #, etc.

SUITE 118

City & State

MIAMI BEACH FL

Zip

33136

Country

4. FEI Number

59-3526642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MALCOLM WRIGHT

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

2701 SPIVET LANE

City

ORLANDO

FL

Zip Code

32837

**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.

SIGNATURE

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

PRESIDENT

4/30/02

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD MALCOLM WRIGHT 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILLIAM WRIGHT 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other information provided.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/30/02

Date

407-421-6660

Daytime Phone #