

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000079516**

1. Entity Name

HOLLYWOOD LIMOS, INC.**FILED**
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90003 034 ***150.00

Principal Place of Business

**3384 MERCANTILE AVE
NAPLES FL 34104
US**

Mailing Address

**2217 LONGBOAT DR
NAPLES FL 34104-3325
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0863523**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, ROBERT M
2217 LONGBOAT DR
NAPLES FL 34104**

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

4/17/009. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, ROBERT M	
STREET ADDRESS	2217 LONGBOAT DR	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 indicate 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, 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

Date

Daytime Phone

4/17/00

Attachment # P98000079516
DW 7/6/00

ALPHA ACCOUNTING SERVICE, INC

1842 40TH TERR SW

NAPLES, FL 34116

TEL: 941-455-3047, FAX: 941-455-5133

July 5, 2000

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir

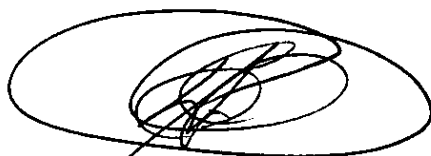
RE: HOLLYWOOD LIMOS, INC

We have been notified by your office that you have not received the annual report along with the check relating to the filing for the above company for the year 2000.

We enclose a copy of the check which was sent to you in April along with the report. Based on this information we have enclosed, if you are not able to locate our records please inform us as soon as possible so that we can place a stop payment order on the check and issue a replacement check immediately. This time we will send it by registered mail to minimize the risk of any lost records.

Your kind assistance will be gratefully appreciated.

Yours truly,

A handwritten signature, appearing to be "D M Edwards", is enclosed within a large, hand-drawn oval. The signature is written in dark ink and is somewhat stylized.

**D M EDWARDS
ACCOUNTANT**