

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005110

1. Entity Name

AMERICAN LIMO SERVICES INC

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90096 018 ***150.00

Principal Place of Business

Mailing Address

20 RICHLAND RD.
CRAWFORDVILLE FL 32327

20 RICHLAND RD.
CRAWFORDVILLE FL 32327-5214

2. Principal Place of Business

909 Piedmont Dr

3. Mailing Address

909 Piedmont Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee, FL

Zip

32312

Country

USA

Zip

32312

Country

USA

ISIN

4. FEI Number

59-3633327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARNSWORTH, MARLO DENNY
20 RICHLAND RD.
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

STEVEN KRATA

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

909 Piedmont Dr

City

Tallahassee

FL

Zip Code

32312

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

Steven Krata

Steven Krata

3/12/00

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Steven Krata	
STREET ADDRESS	909 Piedmont Dr	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Donald C. Krata	
STREET ADDRESS	909 Piedmont Dr	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Kathleen Krata	
STREET ADDRESS	909 Piedmont Dr	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Steven Krata

3/12/00

567-6306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #