

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011575

1. Entity Name

KRYSTAL LIMOUSINE SERVICE INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90007 038 \*\*\*150.00

Principal Place of Business

Mailing Address

836 106TH AVE. N.  
NAPLES FL 34108

836 106TH AVE. N.  
NAPLES FL 34108-1852

2. Principal Place of Business

3. Mailing Address

585 108th Ave. N.  
Suite, Apt. #, etc.

585 108th Ave. N.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Naples FL

City & State  
Naples FL

4. FEI Number

05-0904134

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

Collier

34108

Collier

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

GIANNASOLI, STEPHEN  
836 106TH AVE. N.  
NAPLES FL 34108

Name

Stephen Giannasoli

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

585 108th Ave. N.

City

NAPLES

FL

Zip Code

34108

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
STEPHEN Giannasoli  
585 108th Ave. N.  
Naples, FL 34108

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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:

STEPHEN GIANNASOLI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 414-547-2922

CR2E034 (9/99)