

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90175 008 ***150.00

DOCUMENT # P99000011575

1. Entity Name
KRYSTAL LIMOUSINE SERVICE INC.

Principal Place of Business

**585 108TH AVE N
 NAPLES FL 34108**

Mailing Address

**585 108TH AVE N
 NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

773 93RD AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34108

Collier

4. FEI Number

65-0904934

Applied For

Not Applicable

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
 585 108TH AVE. NORTH
 NAPLES FL 34108**

Name

Stephen Giannasoli

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

773 93RD AVE. NORTH

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 **Stephen Giannasoli**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-02

4-03-02

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, 2002 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 **P** ☐ Delete
 NAME **GIANNASOLI, STEPHEN**
 STREET ADDRESS **585 108TH AVE N**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
 NAME **Stephen Giannasoli**
 STREET ADDRESS **773 93RD AVE. N.**
 CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

STEPHEN GIANNASOLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02

Date

239-97-272

Daytime Phone #

CR2E034 (9/01)