

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90049 023 ***150.00

DOCUMENT # P99000031056

1. Entity Name

A1A SHUTTLE AND LIMO SERVICE, INC.

Principal Place of Business

2665 LAKEMONT ROAD
MELBOURNE FL 32934

Mailing Address

2665 LAKEMONT ROAD
MELBOURNE FL 32934

2. Principal Place of Business

4165 Dow Rd. Ste 29

Suite, Apt. #, etc.

3. Mailing Address

4165 Dow Rd. Ste 29

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

Zip **32934**

Country **U.S.**

City & State

Melbourne, FL

Zip **32934**

Country **U.S.**

4. FEI Number

59-3570289

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ
1686 WEST HIBISCUS BLVD
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

1800 West Hibiscus Blvd, Suite 138

City

Melbourne

FL

Zip Code

32902-1820

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, 2001 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 **D** ☐ Delete
NAME **TOOTHAKER, CRAIG D**
STREET ADDRESS **2665 LAKEMONT ROAD**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **D** ☒ Delete
NAME **BRADLEY, DEBORAH**
STREET ADDRESS **2665 LAKEMONT ROAD**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-01
Date

321-255-5667
Daytime Phone #

CR2E034 (10/00)