

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049263

1. Entity Name

QUICK LIMO, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-04-2000 90074 001 ***908.75

Principal Place of Business

Mailing Address

5450 NW 33RD AVENUE SUITE 102
 FORT LAUDERDALE FL 33309

5450 NW 33RD AVENUE SUITE 102
 FORT LAUDERDALE FL 33309-6353

2. Principal Place of Business

3. Mailing Address

NW 55 CT.

2600 NW 55 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 234

SUITE 284

City & State

City & State

FT. LAUDERDALE FL

FT. LAUDERDALE FL

Zip

Country

Zip

Country

33309

BROWARD

33309

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMOE, MICHAEL J

5450 NW 33RD AVENUE SUITE 102
 FORT LAUDERDALE FL 33309

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

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 PD
 NAME DEMOE, MICHAEL J
 STREET ADDRESS 5450 NW 33RD AVENUE SUITE 102
 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

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

TITLE VD
 NAME GORE, KEVIN
 STREET ADDRESS 5450 NW 33RD AVENUE SUITE 102
 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

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

TITLE SD
 NAME MOORE, THOMAS J
 STREET ADDRESS 5450 NW 33RD AVENUE SUITE 102
 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL DEMOE 442160

954 733 7775

Date

Daytime Phone #

CR2E034 (9/99)