

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062563

1. Entity Name

V AND L LIMOUSINE SER., INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90368 021 ***150.00

Principal Place of Business

2291 N.W. 48TH TERR. BLDG. 9-STE 208
 FT. LAUDERDALE FL 33313

Mailing Address

2291 N.W. 48TH TERR. BLDG. 9-STE 208
 FT. LAUDERDALE FL 33313-3468

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

HAYNES, ROBERT
 720 LONG ISLAND AVE.
 FT. LAUDERDALE FL 33312

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	VIVIAN H WAUGH	
STREET ADDRESS	2291 NW 48TH BLVD # 208	
CITY-ST-ZIP	LAUDERDALE FL 33313	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	LAURA WAUGH	
STREET ADDRESS	2291 NW 48TH BLVD # 208	
CITY-ST-ZIP	LAUDERDALE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Vivian H Waugh*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIAN H WAUGH
 Date 4.19.000 Daytime Phone # 954.731.8758

CR2E034 (9/99)