

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064592

1. Entity Name

D AND D LIMOUSINE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90139 004 ***150.00

Principal Place of Business

Mailing Address

432 LAKEVIEW DR #101
WESTON FL 33326

432 LAKEVIEW DR #101
WESTON FL 33326-2463

2. Principal Place of Business

3. Mailing Address

2219 NW 29th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND Park Florida

City & State

4. FEI Number

65-0931651

Applied For

Not Applicable

Zip

Country

33311 USA

Zip

Country

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

PIAZZA, VINCENT J
SHAPIRO & DECTOR, P.A.
7777 GLADES RD, SUITE 200
BOCA RATON FL 33434

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)

3/29/00

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 D
NAME ODDSTAD, DAVID ☐ Delete
STREET ADDRESS 432 LAKEVIEW DR #101
CITY-ST-ZIP WESTON FL 33326

TITLE DAVID ODDSTAD
NAME PRESIDENT ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FONTECCHIO, DAVID ☐ Delete
STREET ADDRESS 1151 SW 128TH TERR, #D-213
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE DAVID FONTECCHIO
NAME 567 Racquet Club Rd #18 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: David E. Oddstad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00
Date

954-7339600
Daytime Phone #

CR2E034 (9/99)