2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000086129

1. Entity Name HUMMER LIMO INC



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90395 001 ***300.00

TIOMMEN LING, INC.						9					
Principal Place of Business 17716 MORNINGHIGH DR LUTZ FL 33549			Mailing Address 17716 MORNINGHIGH DR LUTZ FL 33549								
						}					
2. Principal P	Place of Business	3. Mailing Address							Y BLIMA ITERA	11016 1011 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State				4.	FEI Number 59-3600203		—	oplied For ot Applicable	
Zip	Country Zip		Country			5.	Certificate of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent						7.	Name and Address of New Re	gistered Ag	ant		
00//01771	MINI (A A A)				- Name `						
SOKOL, V 17716 MC	Villiam L Drninghigh Dr	Street Address			s (P.O. I	(P.O. Box Number is Not Acceptable)					
LUTZ FL 33549											
					City		·	FL	Zip Cod	ie	
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered agent										
<u> </u>		and title if app	ilicable. (NOTE	:: registere	d Agent signature requi	red when	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees	
10.	OFFICERS AND	De .	11.			DDITIONS/CHANGES TO OFFIC	SEDS AND D	DECTOR	S IN 11		
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NAME	SOKOL, WILLIAM L		_ 55,616	NAM				_			
STREET ADDRESS CITY-ST-ZIP	17716 MORNINGHIGH DR LUTZ FL 33549				ET ADDRESS -ST-ZIP						
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	partify that the information symplied with	this filing	door not qualify for			Contina	110.07/3\/\(\)\ Eleride Statutes 1	esthor partific	that the is	downstian	

I nereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

@1) d- 00 70

Daytime Phone #