2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095932 May 16, 2000 8:00 am Secretary of State PALM BEACH CHAUFFEURS, INC. 05-16-2000 90133 006 ***150.00 Principal Place of Business Mailing Address 211 S. HAMPTON DRIVE 211 S. HAMPTON DRIVE JUPITER FL 33458-8112 JUPITER FL 33438 3. Mailing Address 2. Principal Place of Business II S. HAMPTON ZII S. HAMPTON Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable TUPITER \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAGGART, KEVIN Street Address (P.O. Box Number is Not Acceptable) 211 S. HAMPTON DRIVE JUPITER FL 33438 Zip Code se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the pu FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change ☐ Addition ☐ Delete TITLE TITLE TAGGART, KEVIN NAME NAME 211 S. HAMPTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33438 ☐ Addition Change ☐ Delete TITLE TITLE TAGGART, LAURY A NAME NAME STREET ADDRESS 211 S. HAMPTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33438 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITI F - ; NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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 11 or Block 12 if changed, or on an attachment with an address; with all other like empowered