

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102857

1. Entity Name

VELVET LIMOUSINES, INCORPORATED

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

05-01-2000 90065 006 ***150.00

Principal Place of Business

Mailing Address

5900 TOWNSEND ROAD STE 114
 JACKSONVILLE FL 32244

5900 TOWNSEND ROAD STE 114
 JACKSONVILLE FL 32244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9378 ARLINGTON Exp

9378 ARLINGTON Exp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 253

355

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FLA.

Zip

Zip

Country

Country

32225

32225

4. FEI Number

59-3608802

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

WILLIAMS, CARL A SR
 5900 TOWNSEND ROAD STE 114
 JACKSONVILLE FL 32244

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHARLES A. WILLIAMS 9378 ARLINGTON Exp # 355 JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JENNIFER FOSTOR 9378 ARLINGTON Exp. Suite 355 JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SHERMAN DOUGLAS 9378 ARLINGTON Exp 355 JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VICE PRESIDENT SHERMAN WOODBARD 9378 ARLINGTON Exp #355 JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES./CEO CARL A. WILLIAMS SR 9378 ARLINGTON Exp #355 JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres/CEO 4/24/00 908-5859