2000 UNIFORM BUSINESS REPORT (UBR)

5/:

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-31-2000 90007 007 ***150.00
05-03-2000 90072 012 ***150.00

DOCUMENT # P99000103263

1. Entity Name

PARADISE LIMOUSINE, INC. f

Principal Place of Business	Mailing Address
18265 POSTON AVE PORT CHARLOTTE FL 33948	18265 POSTON AVE PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18265 Poston ave	P.O Box 9024
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte Fl.	City & State: Port Charlotte Fl.
Zip: 33948 Country: Charlotte	Zip: 33949-9024 Country: Charlotte

4. FEI Number 65-1002518 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, SILNER
18265 POSTON AVE
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	Paradise Limousine 18265 Poston ave Port Charlotte Fl. 33948 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Wilner Simon 110 Triangle st Port Charlotte Fl 33954 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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: Wilner Simon — 7-21-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7-21-00

Attachment
P99000103263
[redacted]
107391

I'm Wilner Simon
My Corporation # is P99000103263
PARADISE LIMOUSINE INC.
I did Not Receive That First
Notice.

THANK YOU?

President:
Wilner Simon