

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90019 017 ***150.00

DOCUMENT # P99000110059

1. Entity Name

CROWN ROYAL LIMOUSINE, INC.

Principal Place of Business

**1502 W FLETCHER AVE. SUITE 111
TAMPA FL 33612**

Mailing Address

**1502 W FLETCHER AVE. SUITE 111
TAMPA FL 33612**

2. Principal Place of Business

1765 W. Fletcher Avenue

3. Mailing Address

1765 W. Fletcher Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, Florida

City & State

TAMPA, Florida

4. FEI Number

59-3620019

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELZER, MIRIAM

1502 W FLETCHER AVE, SUITE 111

TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1765 W. Fletcher Ave

City

TAMPA

FL

Zip Code

33612

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

Miriam L Selzer

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

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, 2002 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

TITLE ☐ Delete

**D ADEBAYO, ADEMOLA
1502 W FLETCHER AVE, SUITE 111
TAMPA FL 33612**

TITLE ☐ Delete

**D SELZER, MIRIAM
1502 W FLETCHER AVE, SUITE 111
TAMPA FL 33612**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

**1765 W. Fletcher Avenue
TAMPA, FLORIDA 33612**

TITLE ☒ Change ☐ Addition

**1765 W. Fletcher Avenue
TAMPA, Florida 33612**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02

813 969-4114