2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90059-020-$150.00-$150.00

1/2

DOCUMENT # P99000110086

1. Entity Name

SUPREME LIMOUISINE OF S.W. FLORIDA INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 2:47

Principal Place of Business	Mailing Address
1016 SE 42 LANE CAPE CORAL FL 33904	1016 SE 42 LANE CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1016 SE 42 LANE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FL	City & State
Zip: 33904 / Country: USA	Zip / Country

4. FEI Number 65-1003676 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALADINO, ELEANOR
1016 SE 42 LANE
CAPE CORAL FL 33904

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 Eleanor Saladino

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	Trustee George Saladino 1016 SE 42 LN Cape Coral FL 33904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. ELEANOR SALADINO 1016 SE 42 Ln CAPE CORAL Fl 33904 ☐ 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: SIGNATURE REQUIRED Eleanor Saladino 8-16-00 941-945-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
P99000110086
AOO 77681
8-16-00

To Whom It May concern

My name is Eleanor Saladino
I own Supreme Limousine of S.W
Florida.

When I received my first notice
I was ill. My business was not
doing good at all. Between being
sick and a lot of bills coming in
I was very confused. I know how
important this is. I never did this
before. I hope that you can understand
and to please waive the $400.00. I assure
you that this will never happen
again. I really hope that you
can help me this time.

I don't want to loose my
business. I am working very
hard to make it successful!

I know now what I have
to do next year. Thank you
so very much.

Yours Truely
Eleanor Saladino