

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18230

1. Entity Name

JULIE'S LIMOUSINES AND COACHWORKS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90058 039 ***150.00

Principal Place of Business

17116 US 19 NORTH
CLEARWATER FL 34624
US

Mailing Address

17116 US 19 NORTH
CLEARWATER FL 33764-7504
US

2. Principal Place of Business

17116 U.S. Hwy 19 North

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Zip

33764

Country

USA

Country

4. FEI Number

59-3042033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, GARY
17118 US 19 NORTH.
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name

Susan Thompson

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

6712 Leeward Isle Way

City

Tampa

FL

Zip Code

33615

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

Susan Y. Day

3/29/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HERRING, JULIE L
2223 KENT PL.
CLEARWATER FL 33764

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00
Date

727-538-5113
Daytime Phone #

CR2E034 (9/99)