

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21339

1. Entity Name

LUXURY LIMOUSINE SERVICE OF SOUTHWEST FLORIDA, I

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90190 021 ***150.00

Principal Place of Business

18393 RICCARDO RD
 FT MYERS FL 33912
 US

Mailing Address

25 MENTOR DR
 NAPLES FL 34110-1353
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

25 MENTOR DR

City & State

City & State

NAPLES FL

Zip

Country

Zip

Country

34110

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0240063

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

FREDENDALL, LLOYD R
 18393 RICCARDO ROAD
 PORT MYERS FL 33912

Name

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

25 MENTOR DR

City

NAPLES

FL

Zip Code

34110

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 P ☐ Delete
 NAME FREDENDALL, LLOYD R
 STREET ADDRESS 25 MENTOR DR
 CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 and unexpired.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

941-267-2000

Daytime Phone #