

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90350 011 ***150.00

DOCUMENT # S21339

1. Entity Name

LUXURY LIMOUSINE SERVICE OF SOUTHWEST FLORIDA, I

NC: --

Principal Place of Business

25 MENTOR DRIVE 28024 WESTBROOK DR
 NAPLES FL 34110 BONITA SPRINGS FL 34135
 US

Mailing Address

25 MENTOR DR SAME
 NAPLES FL 34110
 US

2. Principal Place of Business

28024 WESTBROOK DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

City & State

4. FEI Number

65-0240063

Applied For

Not Applicable

Zip

34135

Country

US

Zip

Country

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

FRENDALL, LLOYD R.

25 MENTOR DRIVE

NAPLES FL 34110

Name

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

28024 WESTBROOK DR

City BONITA SPRINGS

FL

Zip Code

34135

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 side 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 P FRENDALL, LLOYD R. 25 MENTOR DR NAPLES FL 34110 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 P FRENDALL, LLOYD R. 28024 WESTBROOK DR BONITA SPRINGS FL 34135 ☒ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)

Attachment 6-24-02
S21339
118690
S21339

TO WHOM IT MAY CONCERN

I SENT UBR REPORT WITH CHECK ON 4-24-02
I WILL CANCEL FIRST CHECK AND AM REISSUING A
NEW CHECK FOR \$15000

Thank you
Lloyd R. FREDENDALL