

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90007 022 \*\*\*158.75

**DOCUMENT # P93000021250**

1. Entity Name  
**A SELECTIVE LIMOUSINES INC.**

Principal Place of Business

**429 HOLLINGSHEAD LOOP  
 DAVENPORT FL 33827  
 US**

Mailing Address

**P.O. BOX 690454  
 ORLANDO FL 32869  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3169357**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FOUNTAIN, DENNIS F  
 1611 ALT SPGS DR.  
 ALT. SPG. FL 32775**

7. Name and Address of New Registered Agent

Name **Eric S. Mashburn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**102 East Maple Street**  
 City **Winter Garden** **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: **Eric Mashburn**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/17/02**  
**4/15/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	<b>BREDEL, MARLIES</b> 158 KELLY CIRCLE SANFORD FL 32773		
VP	<b>COON, SUZANNE KAY</b> 429 HOLLINGSHEAD LOOP DAVENPORT FL 33837		

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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-02**  
 Daytime Phone # **402**

CR2E034 (9/01)