	UNIFORM BUSI	NESS REPOR	RT (UBR)	,		IN	
DOCUMENT # V06098  ** Entity Name A CENTRAL FLORIDA LIMOUSINE  SERVICE INC.				FILED 01 OCT -9 PM 2: 15			
Principal Place 215 t San	e of Business HCKMan dr Ford, Fla 32	Mailing Address		OLOCT -9 SECRETARY MALLAHASSI		1	
2. Principal Pl 215 Suite, Apt.	lace of Business Hickman dr #, etc.	3. Mailing Address 215 Hickey Suite, Apt. #, etc.	nan dr	00-60 WRITEN	BR		
Sant	ord Fla	Sanford Zin	Fla	4. FEI Number 59 - 3114551  5. Certificate of Status Desired	\$8.75 Addi		
327	6. Name and Address of Current f	32711	<u>us</u>	7. Name and Address of New Registe	Fee Required	<u></u>	
A		Registered Agent	Name	1. Name and Address of fice region	area Agent		
Amy Peters 106 W. Greentree lane			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
lake Mary, 19a 32746			City	FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or reg	istered agent, or both, in the State of Florida.			
SIGNATURE .							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating)	DATE		
ax filing r	Signature, typed or printed name of registered agent a praction is elligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW!	FEE IS \$150.00 0 Fee will be \$550.	10. Election Campaign Financin Trust Fund Contribution	g \$5.00	May Beto Fees	
(See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 200 Make Check Payable DIRECTORS	FEE IS \$150.00 Fee will be \$550. to Department of 12.	10. Election Campaign Financin Trust Fund Contribution	9 \$5.00 Added	to Fees	
(See criter  11.  TITLE P  NAME  STREET ADDRESS	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)  OFFICERS AND PACKS.	After MAY 1, 200 Make Check Payable DIRECTORS  Delete	FEE IS \$150.00 Fee will be \$550. to Department of 12. TITLE NAME STREET ADDRESS	10. Election Campaign Financin Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS  1 00046  -10/25/6	9 \$5.00 Added  S AND DIRECTORS Change  53811	to Fees IN 11 Addition	
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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.

GNATURE:

| 0/8/0| 407-260-5900

SIGNATURE:

10/8/01

202

## A CENTRAL FL LIMO SERVICE INC.

215 Hickman Dr Sanford, Fl 32771 407-260-5800/office 407-862-2906/fax

October 8, 2001

Attn: Leslie Sellers/Division of Corporations Reinstatement

To whom it may concern:

Please accept our check for \$300.00 and \$8.75 for a certificate.

We did not receive our forms for year 2000. If you would please

fax a copy of our filing to 407-862-2906. Thank you very much for your help.

Sincerely

Amy J. Peters / Pres.