

DOCUMENT # 441809			
1. Entity Name ASTRO LIMOUSINE SERVICE, INC.			
Principal Place of Business 7011 BAKER ROAD NEW PORT RICHEY FL 34653		Mailing Address 7011 BAKER ROAD NEW PORT RICHEY FL 34653-4020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
DONNELLY, WILLIAM 7011 BAKER ROAD NEW PORT RICHEY FL 34653			Name
			Street Address (R)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DONNELLY, WILLIAM W. 7011 BAKER ROAD NEW PORT RICHEY FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		William W.	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

05-15-2000 90162 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SIGNATURE:

William W. Donnelly

Date _____

Daytime Phone #