

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F9300000 4109**  
 1. Entity Name:  
**CAREY LIMOUSINE FLORIDA, INC.**

**FILED**  
 01 SEP 17 AM 10:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business  
**1500 Belvedere Road**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4530 Wisconsin Ave., NW**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**West Palm Beach, FL**

City & State  
**Washington, DC**

Zip  
**33408**

Country  
**USA**

Zip  
**20016**

Country  
**USA**

4. FEI Number  
**65-0429443**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Corporation Service Company**  
**1201 Hays Street**  
**Tallahassee, FL 32301**

7. Name and Address of New Registered Agent

Name

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

City **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After March 2001 FEE will be \$300.00**  
**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	<input type="checkbox"/> Delete	See attached list
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**800004593239 --0**

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 partner 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 attached list with an agreement with all the other empowered.

SIGNATURE: **[Signature]** Vice President and Secretary 7/20/01 (202) 895-1200

CR2E034 (1/7/00)

Appendix  
2001 Uniform Business Report

Carey Limousine Florida, Inc.

OFFICERS	NAME	BUSINESS ADDRESS	EXPIRATION OF TERM
President	Vincent A. Wolfington	4530 Wisconsin Ave. Washington, D.C. 20016	1
Secretary	Gary L. Kessler	4532 Wisconsin Ave. Washington, D.C. 20016	1
Treasurer	David H. Haedicke	4534 Wisconsin Ave. Washington, D.C. 20016	1

**DIRECTORS**

NAME	BUSINESS ADDRESS	EXPIRATION OF TERM
Vincent A. Wolfington	4539 Wisconsin Ave. Washington, D.C. 20016	2
Devin J. Murphy	4541 Wisconsin Ave. Washington, D.C. 20016	2
Jeffrey R. Larsen	717 Fifth Avenue 23rd Floor NY, NY 10028	2

2003



303

ACCOUNT NO. : 072100000032  
 REFERENCE : 474086 90818A  
 AUTHORIZATION : *Patricia Pizute*  
 COST LIMIT : \$ 550.00

ORDER DATE : September 14, 2001  
 ORDER TIME : 4:35 PM  
 ORDER NO. : 474086-005  
 CUSTOMER NO: 90818A  
 CUSTOMER: Ms. Marjohn Heath  
 Carey International, Inc.  
 4530 Wisconsin Avenue, N.w.  
 Washington, DC 20016

RECEIVED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 2001 SEP 17 AM 8:37  
 NOT INCLUDED  
 TO KNOWLEDGE  
 SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: CAREY LIMOSINE FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - Ext. 1155

EXAMINER'S INITIALS: \_\_\_\_\_