

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90026 037 \*\*\*550.00

0065794 AV

DOCUMENT # **H82051**

1. Entity Name  
**LIMO-AUTO, INC.**



Principal Place of Business <b>1625 SE 3RD AVE          SUITE 400          FORT LAUDERDALE FL 33316-521          US</b>	Mailing Address <b>1625 SE 3RD AVE          SUITE 400          FORT LAUDERDALE FL 33316-521          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1625 S.E. 3rd Ave.</b> Suite, Apt. #, etc. <b>620</b>	3. Mailing Address <b>1625 S.E. 3rd Ave.,</b> Suite, Apt. #, etc. <b>620</b>
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City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale, FL</b>	4. FEI Number <b>59-2598671</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33316-2521</b>	Country <b>USA</b>	Zip <b>33316</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**DICKENS, WILLIS N  
 1625 SE 3RD AVE., SUITE 400  
 FT. LAUDERDALE FL 33316-2521**

7. Name and Address of New Registered Agent  
 Name  
**Dickens, Willis N.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1625 S.E. 3rd Ave., Suite 620**  
 City  
**Fort Lauderdale** **FL** Zip Code  
**33316-2521**

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 *Willis N. Dickens* DATE 07-20-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  *uh*

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	PD DICKENS, WILLIS N. 1831 S.E. 9TH STREET FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dickens, Willis N. 1414 S.W. 15th Ave. Fort Lauderdale, FL 33312 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Willis N. Dickens*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-01 (954) 524-6527  
 Date Daytime Phone #

CR2E034 (5/01)