

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J10346

1. Entity Name  
PERSONAL LIMOUSINE SERVICE, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**  
04-03-2000 90191 026 \*\*\*150.00

Principal Place of Business  
16239 POWELL ROAD  
BROOKSVILLE FL 34609

Mailing Address  
16239 POWELL ROAD  
BROOKSVILLE FL 34609-8133

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2653199**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HIXSON, ROBERT W.  
RUSCH PLAZA SUITE 112, N DALE MABRY  
LUTZ FL 33549**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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, 2000 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**

OFFICERS AND DIRECTORS	
<b>D</b> <b>HIXSON, ROBERT W.</b> <b>RUSCH PLAZA #112</b> <b>LUTZ FL</b>	<input type="checkbox"/> Delete
<b>PS</b> <b>LOOK, SHARON E.</b> <b>16239 POWELL ROAD</b> <b>BROOKSVILLE FL</b>	<input type="checkbox"/> Delete
<b>VT</b> <b>CARLISLE, LINDA S.</b> <b>16239 POWELL ROAD</b> <b>BROOKSVILLE FL</b>	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda S. Carlisle **LINDA S. CARLISLE** 3-31-00 352-799-3102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)