

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90038 033 ***150.00

0653761

DOCUMENT # J10346

1. Entity Name

PERSONAL LIMOUSINE SERVICE, INC.

Principal Place of Business

**16239 POWELL ROAD
BROOKSVILLE FL 34609**

Mailing Address

**16239 POWELL ROAD
BROOKSVILLE FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2653199**

Applied For

Not Applicable

Zip **34604**

Country

Zip **34604**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIXSON, ROBERT W.
RUSCH PLAZA SUITE 112, N DALE MABRY
LUTZ FL 33549**

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

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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D HIXSON, ROBERT W. RUSCH PLAZA #112 LUTZ FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | PS LOOK, SHARON E. 16239 POWELL ROAD BROOKSVILLE FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | VT CARLISLE, LINDA S. 16239 POWELL ROAD BROOKSVILLE FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:

Linda S. Carlisle **LINDA S. CARLISLE** 4-06-01 352-799-3102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)