

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90126 007 \*\*\*\*50.00

**DOCUMENT # L01000016197**

1. Entity Name

**AMERICAN CORPORATE LIMOUSINE, LLC**



Principal Place of Business

**109 COMMERCE STREET  
SUITE 1101  
LAKE MARY FL 32746**

Mailing Address

**505 WEKIVA SPRINGS RD., STE. 800  
LONGWOOD FL 32779**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**109 Commerce Street**

Suite, Apt. #, etc.

**#1101**

City & State

**Lake Mary, Florida 32746**

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0589087**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KEIDAISH, PHILIP F JR  
505 WEKIVA SPRINGS ROAD S  
SUITE 800  
LONGWOOD FL 32746**

7. Name and Address of New Registered Agent

Name

**Robert G. Dello Russo**

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

**109 Commerce St.**

City

**Lake Mary**

FL

Zip Code

**32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DELLO RUSSO, ROBERT G**  
STREET ADDRESS **109 COMMERCE STREET #1101**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **MGRM** ☐ Delete  
NAME **BARTON, HOWARD C**  
STREET ADDRESS **3551 WEST 1ST STREET**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)