

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M48539**

1. Entity Name:  
CLUB LIMOUSINE SERVICE, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
12050 N.E. 14TH St. 4530 Wisconsin Ave., NW  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Miami, FL Washington, DC  
Zip Zip  
33161 USA 20016 USA

2/12/01 90215/024 \$150.00  
DO NOT WRITE IN THIS SPACE

FILED  
01 SEP 17 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 resigning))

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 \$250.00.  
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"/> 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
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 of 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 officer or director authorized 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 acknowledgment of the change.

SIGNATURE: *[Signature]* Vice President and Secretary 7/20/01 (202) 895-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Laytime Phone #

CR2E034 (11/00)

700004593237--6

Appendix  
2001 Uniform Business Report

Club Limousine Service, 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 Pajaro*

COST LIMIT : \$ 400 (YOUR ARE HOLDING \$150.)

ORDER DATE : September 14, 2001

ORDER TIME : 4:38 PM

ORDER NO. : 474086-015

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 8:30  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: CLUB LIMOUSINE SERVICE, 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.

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