## 2002 UNIFORM BUSINESS REPORT (UBR)

## P00000007794 DOCUMENT # 1. Entity Name

DYNASTY LIMOUSINES, INC.

Principal Place of Business 2230 60TH WAY NORTH SAINT PETERSBURG FL 33710

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip'

SIGNATURE

(See criteria on back)

Mailing Address

P.O. BOX 48863

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SAINT PETERSBURG FL 33743-8863

## FILED Sep 12, 2002 8:00 am Secretary of State

09-12-2002 90084 028 \*\*\*163.75



DATE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENNINGS, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 2230 60TH WAY NORTH SAINT PETERSBURG FL 33710 City

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.

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Country

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Zip Code

Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition REALMUTO, JOAN A NAME 2230 60TH WAY NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP TITLE VST ☐ Delete TITLE ☐ Change ☐ Addition NAME jennings. William e NAME STREET ADDRESS 2230 60TH WAY NORTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 in changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Affachment Is Whom it may Concern, 125322 Our late filing is due to the mail being delivered to the wrong address. Please accept our late fue along with the proper paper work. Shork you,

William Tennings

With 5 fg