



FILED
Jan 23, 2003 8:00 am
Secretary of State

60009956

DOCUMENT #		P00000011365				Secretary of State	
1. Entity Name		D & H LIMOUSINE, INC.				01-23-2003 90103 045 ***150.00	
Principal Place of Business		Mailing Address				60009955	
19411 GULFSTREAM DR.		19411 GULFSTREAM DR.					
TEQUESTA FL 33469		TEQUESTA FL 33469					
2. Principal Place of Business		3. Mailing Address				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number		Applied For	
				65-0986460		Not Applicable	
Zip		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			
NEUHAUS, DEBORAH LYNN 19411 GULFSTREAM DR. TEQUESTA FL 33469				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEUHAUS, DEBORAH LYNN			NAME			
STREET ADDRESS	19411 GULFSTREAM DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEUHAUS, HEINZ MICHAEL			NAME			
STREET ADDRESS	19411 GULFSTREAM DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

SIGNATURE:

Deborah Lynn Neuhaus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/02)