2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

P00000011365

Mailing Address

1. Entity Name

D & H LIMOUSINE, INC.



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

01-23-2003 90103 045 ***150.00

19411 GULFSTREAM DR. TEQUESTA FL 33469			19411 GULFSTREAM DR. TEQUESTA FL 33469									
2. Principal Place of Business			3. Maili	3. Mailing Address								
Suite, Apt.	#, etc.	•,	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. 1	65-0986460			plied For t Applicable	
Zip	Country		Zip	Zip Count		tṛy		Certificate of Status Desired	\$8.75 Additional			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
NEUHAUS	s, deborah	i Lynn		Street Addr			drose (PO B	ss (P.O. Box Number is Not Acceptable)				
19411 GU	LFSTREAM	DR.		Sue			Todassa (1.5. Dox Hamber to Hot Hotopicable)					
TEQUEST.	A FL 33469	•										
	í					City		F	L	Zip Code	,	
8. The above	named entity	submits this statement for	or the purpo	se of changing its	reaistere	ed office or i	registered ag	gent, or both, in the State of Florida. I a	ニュ	iliar with, a	and accept	
	ions of registe						-9	,, ,		·	, ,	
0.01.1705											J	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applic	cable. (NOTE	: Registered	d Agent signatur	e required when re	einstating) DATI			 -	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.			0 May Be to Fees	
10.		OFFICERS AND	DIRECTOR				AD	DDITIONS/CHANGES TO OFFICERS A	ND DII	RECTORS	S IN 11	
TITLE	Р			☐ Delete	TITLE					Change	Addition	
NAME	NEUHAUS,	DEBORAH LYNN		•	NAM	E			_	•	_	
STREET ADDRESS		FSTREAM DRIVE			STRE	ET ADDRESS					}	
CITY-ST-ZIP	TEQUESTA	N FL 33469			CITY	-ST-ZIP						
TITLE	VP			☐ Delete	TITLE					Change	Addition	
NAME		HEINZ MICHAEL			NAM	1					1	
STREET ADDRESS		FSTREAM DRIVE				ET ADDRESS						
CITY-ST-ZIP	TEQUESTA	1 FL 33469				-ST-ZIP						
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CITY-ST-ZIP						·ST-ZIP						
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NAME					NAME						1	
STREET ADDRESS					STRE	ET ADDRESS				-		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: