

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90130 020 ***150.00

DOCUMENT # P00000030133

1. Entity Name
MAJESTIC LIMOUSINE SERVICE, INC.



Principal Place of Business
**13800 PARK BOULEVARD
SEMINOLE FL 33776**

Mailing Address
**13800 PARK BOULEVARD
SEMINOLE FL 33776**



2. Principal Place of Business
1200 Starkey Rd

3. Mailing Address
1200 Starkey Rd

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
105

CHECK HERE IF MAKING CHANGES

City & State
Largo FL

City & State
Largo FL

4. FEI Number **59-3635404**

Applied For
Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
USA

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

**BUCK, RONALD G
13800 PARK BOULEVARD
SEMINOLE FL 33776**

Name

Street Address (R.O. Box Number is Not Acceptable)
**1200 Starkey Road
105**

City
Largo

FL

Zip Code
33771

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

DATE
1-22-03

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

(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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BUCK, RONALD G
STREET ADDRESS	10985 GULF BOULEVARD
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9655 90th Ave
STREET ADDRESS	Seminole, FL 33777
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1-22-03** DAYTIME PHONE #: **727-584-9600**

CR2E034 (10/02)