P00000068403

Requester's Name

Allegheny County Airport
Address

West Mifflin, PA 15122
City/State/Zip | Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Ghost Busters Limousine Service Inc
(Corporation Name) (Document #)

800005271798--2
-04/15/02--01039--012
*****35.00 *****35.00

2. ____________________
(Corporation Name) (Document #)

3. ____________________
(Corporation Name) (Document #)

4. ____________________
(Corporation Name) (Document #)

FILED
02 APR 15 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in
- ☐ Pick up time ____________
- ☐ Certified Copy
- ☐ Mail out
- ☐ Will wait
- ☐ Photocopy
- ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

4/18/02

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : GHOST BUSTERS LIMOUSINE SERVICE, INC

2. The mailing address of the corporation : 1401 N.E. 10th ST
POMPANO BEACH, FL 33060

3. Date of incorporation/qualification: 7/18/00 Document number: P00000068403

4. The name and address of the current registered agent and office:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND Rd.
PLANTATION, FL 33324

02 APR 15 AM 10:03
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

BARRY SMOKER
1401 N.E. 10th ST.
POMPANO BEACH, FL. 33060

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

_________________ 1/3/02
(Signature of an officer, chairman or vice chairman of the board) (Date)

ERIC M. ANTHONY CFO
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

By: _________________ 1/3/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

BARRY SMOKER CEO
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***