2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State DOCUMENT # P00000083701 OCEANSIDE LIMOUSINE, INC. 05-10-2001 90084 016 ***150.00 Principal Place of Business Mailing Address 161 NE 38TH ST. 161 NE 38TH ST. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 HANGE OF 3. Mailing Address ARAGON BUD 7950 -DO NOT WRITE IN THIS SPACE City & State Applied For **PEI Numbe** UNRISE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEELMUYDEN, CARL M Street Address (P.O. Box Number is Not Acceptable) 18108 SE HERITAGE DR. TEQUESTA FL 33469 City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition NAME GEELMUYDEN, CARMEN NAME STREET ADDRESS STREET ADDRESS 161 NE 38TH ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 Addition TITLE ☐ Delete TITLE Change NAME GEELMUYDEN, MARK E STREET ADDRESS 161 NE 38TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE FT. LAUDERDALE FL 33334 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GEELMUYDEN, SCOTT S NAME NAME STREET ADDRESS STREET ADDRESS 18108 SE HERITAGE DR. CITY-ST-ZIP CiTY-ST-7IP **TEQUESTA FL 33469** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND