

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91747 018 ***150.00

DOCUMENT # P00000101608 ✓
1. Entity Name
City Cab & Limousine, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
881 W. James Lee Blvd
Suite, Apt. #, etc.
A & B
City & State
Crestview, Fl.
Zip
32536 Country
Okaloosa

3. Mailing Address
SAME
Suite, Apt. #, etc.
SAME
City & State
SAME
Zip
SAME Country
SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0563450 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Pamela Hopkin
Street Address (P.O. Box Number is Not Acceptable)
881 W. James Lee Blvd.
Crestview
City FL Zip Code 32536

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] Pamela Hopkin DATE 5-16-2
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Pamela Hopkin	881 W. James Lee Blvd.	Crestview, Fl. 32536
Secretary/Mgr.	Jefferson Carpenter	881 W. James Lee Blvd.	Crestview, Fl. 32536
Treasurer	Pamela Hopkin	881 W. James Lee Blvd.	Crestview, Fl. 32536
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Pamela Hopkin DATE 5-16-2 Daytime Phone # 850-183-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)