FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109517

11040108

1. Entity Name
4 EVER LIMOUSINE SERVICE, INC.

Principal Place of Business	Mailing Address
9521 SW 7TH CT PEMBROKE PINES, FL 33025	9521 SW 7TH CT PEMBROKE PINES, FL 33025

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17531 93rd Rd North Suite, Apt. #, etc.	17531 93rd Rd North Suite, Apt. #, etc.
City & State: Loxahatchee, Florida	City & State: Loxahatchee, Fl
Zip: 33470 Country: Palm Beach	Zip: 33470 Country: Palm Beach

4. FEI Number: 65-1056597 ☐ Applied For ☐ Not Applicable

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
MAULDEN, GEORGE 9521 SW 7TH CT PEMBROKE PINES, FL 33025 (Address change Only)	Name Street Address (P.O. Box Number is Not Acceptable): 17531 93rd Rd North City: Loxahatchee FL Zip Code: 33470

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MAULDEN, GEORGE		NAME		
STREET ADDRESS	9521 SW 7TH CT		STREET ADDRESS	17531 93rd Rd North	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP	Loxahatchee, Fl 33470	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MAULDEN, SANDRA D		NAME		
STREET ADDRESS	9521 SW 7TH CT		STREET ADDRESS	17531 93rd Rd North	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP	Loxahatchee, Fl 33470	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	ADDRESS change only.	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [redacted] SANDRA D MAULDEN 5/1/03 561-333-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #