

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000114246

FILED  
Feb 04, 2003  
Secretary of State

Entity Name: AT YOUR SERVICE LIMOUSINES, INC.

## Current Principal Place of Business:

1805 STERNWHEEL DRIVE  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

## Current Mailing Address:

1805 STERNWHEEL DRIVE  
JACKSONVILLE, FL 32223

## New Mailing Address:

FEI Number: 59-3688165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHOLSON, GALE  
1805 STERNWHEEL DRIVE  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

NICHOLSON, GALE P  
1805 STERNWHEEL DRIVE  
JACKSONVILLE, FL 32223 US

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: GALE NICHOLSON

02/04/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NICHOLSON, GALE  
Address: 1825 STERNHELD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: NICHOLSON, JEANNE  
Address: 1805 STEINHEAD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NICHOLSON, GALE  
Address: 1825 STERNWHEEL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP (X) Change ( ) Addition  
Name: NICHOLSON, JEANNE  
Address: 1805 STERNWHEEL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE NICHOLSON

P

02/04/2003

Electronic Signature of Signing Officer or Director

Date