## DOCUMENT # P00000114504

## LUXURY LIMOUSINES BY LEE, INC.

Principal Place of Business

Mailing Address

5009 COCO PLUM WAY SARASOTA FL 34241

5009 COCO PLUM WAY SARASOTA FL 34241

**FILED** Mar 29, 2001 8:00 am Secretary of State

03-29-2001 90378 017 \*\*\*150.00



2. Principal Place of Business	3. Mailing Address 5666 Lawton Drive						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State Sarasota, Florida		4	4. FEI Number 65–1063819		Applied For	
Zip Country	Zip Country 34233 USA		5	5. Certificate of Status Desired - S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
		Name					
KING, CLIFFORD M 2033 MAIN STREET, SUITE 303 SARASOTA FL 34237		Street A	Street Address (P.O. Box Number is Not Acceptable)				
ONINOUN I C OTENI			City FL Zip Code				
8. The above named entity submits this statement	or the purpose of changing its	registered office o	r registered	agent, or both, in the State of Florida.			
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NOT)	E: Registered Agent signal	ure required whe	en reinstating) DATE			
9. This corporation is eligible to satisfy its Intangib  Tax filing requirement and elects to do so  (See criteria on back)	l l	!!! FEE IS \$150. IO1 Fee will be \$! ble to Departmen	550.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
11. OFFICERS AND	DIRECTORS	12,		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elina 5009	dent, Secretary, a C. Bairos Treas Coco Plum Way Sota, FL 34241	□ Change surer	Addition (	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice- Ronal 5009	-President Ld C. Bairos Coco Plum Way Sota, FL 34241	☐ Change	K Addition	
TITLE	· Delete ·	TITLE NAME STREET ADDRESS CITY-ST-2IP			∽ Change	Addition .	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	į		Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  13. Libereby certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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. address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ronald C. Bairos

2/26/01

941-926-4873

Daytime Phone #