

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

APPROVED  
AND  
FILED

02 APR 22 PM 1:49

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

DOCUMENT # *PO100052900*  
1. Entity Name  
*Designer Limousines INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*206 Couville ST*  
Suite, Apt. #, etc.

3. Mailing Address  
*206 Couville ST*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Crawfordville Fl.*

City & State  
*Crawfordville Fl.*

Zip  
*32327*

Country  
*WALULIA*

Zip  
*32327*

Country  
*WALULIA*

4. FEI Number  
*57-3726247*

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  
*CAROL ANN REEVES*

Street Address (P.O. Box Number is Not Acceptable)  
*206 Couville ST*

City  
*Crawfordville Fl.* FL Zip Code  
*32327*

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 *Carol Ann Reeves* DATE *April 22 02*

Signature, type 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	<i>President Judy Reeves 206 Couville ST Crawfordville Fl. 32327</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President CAROL ANN REEVES 206 Couville ST Crawfordville Fl 32327</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800005314938--3 -04/22/02--01101--009 ****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Carol Ann Reeves* DATE *April 22 02* *926-2292*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)