

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

4/1

04-10-2003 90166 044 ***150.00

DOCUMENT # P02000013414

1. Entity Name
FULL CIRCLE LIMO, INC.



Principal Place of Business
4699 N. FEDERAL HWY
SUITE 202 D
POMPANO BEACH FL 33064

Mailing Address
4699 N. FEDERAL HWY
SUITE 202 D
POMPANO BEACH FL 33064

2. Principal Place of Business
2944 A RD
Suite, Apt. #, etc.

3. Mailing Address
2944 A RD
Suite, Apt. #, etc.

City & State
LOXAHATCHEE, FLORIDA

City & State
LOXAHATCHEE, FLORIDA

Zip
33470 Country
USA

Zip
33470 Country

4. FEI Number
01-0591480

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SCHUWETZ, JOANNE G
2915 DOE TRAIL
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent
Name
STEPHANIE SCHWETZ
Street Address (P.O. Box Number is Not Acceptable)
2944 A RD
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 **JOANNE G. SCHWETZ** *Joanne G Schwetz* DATE **3-28-03**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent 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	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME DALE J. SCHWETZ	
STREET ADDRESS 2944 A RD	
CITY-ST-ZIP LOXAHATCHEE FL 33470	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME STEPHANIE SCHWETZ	
STREET ADDRESS 2944 A RD	
CITY-ST-ZIP LOXAHATCHEE FL 33470	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Signature of [Name]* DATE **3-28-03**

Signature and typed or printed name of signing officer or director

CR20034 (10/02)