

**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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>DALE J. SCHWETZ</b>	
STREET ADDRESS <b>2944 A RD</b>	
CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>STEPHANIE SCHWETZ</b>	
STREET ADDRESS <b>2944 A RD</b>	
CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>	
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

CRE034 (10/02)