## FILED Sep 08, 2003 8:00 am Secretary of State 09-08-2003 90141 039 \*\*\*150.00

2003 UNIFO	FOR PROF	IT CORPORAT	Secretary of State 09-08-2003 90141 039 ***150.00			
	Γ#P02000048		4	0, 00-20	35 501 11 055 1	. 5 0. 00
				<b>y</b>		
Principal Place of Business 304 EAST OAKRIDGE ROAD ORLANDO, FL 32809		Mailing Address 304 EAST OAKRIDGE ROAD ORLANDO, FL 32809				
2. Principal Place of Business P.O. BOX 54 16 13		3. Mailing Address P. O. Box 5	[Le 1 la 13			
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		CHECK HERE IF MAKING CHANGES  4. FEI Number Applied For		
Orlando,	FL Country	Oklanda	FL	4. FEI Number 61 - 048274	N N	ol Applicable
32 856	u S	32854	NS S	5. Certificate of Status Desired	- Fee Require	
		it Hegistered Agent	Name \10	7. Name and Address of New IN Dyke Pet	- 0	
VAN DYKE, PETER III 4700 BUGGY WHIP LANE 都			<u> </u>	s (P.O. Box Number is Not Accepta	ble)	
ORLANDO, FL 3281:			4601	Larado PLa		·
	, ma		City	ando	FL Zip Cox	1e 0 1 2 .
The above named enti- the obligations of regi		for the purpose of changing its	<del></del>	tered agent, or both, in the State of		
SIGNATURE PEX	R Van Dyke	TT (-	or In Off	<u> </u>	9/05/0	3
ELE NOW	autor primeu name of registered age		E: Registered Agent signafuna neup	red when reinstating)	DATE	
After May 1 Amenda Make Check Payable	2003 Fee will be \$550, d UBR is \$61.25 to Florida Departmen	A STANDARD CONTROL OF THE STANDARD		Election Campaign     Trust Fund Contribu	tion.	00 May Be d to Fees
10. 11TLE 715	OFFICERS AN	D DIRECTORS  Delete	11. TITLE	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR  Change	S IN 11 Addition
NAME Pere	Box 5616	$\Pi\Gamma$ .	NAME STREET ADDRESS CITY-ST-2 P			
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STHEET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP		☐ Delete	CAY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZP		Li vente	NAME STREET ADDRESS CITY-ST-ZIP	u la lande dag -		
TITLE NAME STREET ADDRESS		☐ Delene	TITLE NAME STHEET ADDRESS		☐ Change	Addition
CITY-ST-2P		<u> </u>	CITY-ST-ZIP		·	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delene	TITLE NAME STREET ADDRESS CITY-ST-21P		Change	Addition ]
TITLE NAME STREET ADDRESS CITY-ST-2P	_ <del></del>	☐ Deleje	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change	Addition
Indicated on this rep of the corporation or	ort or supplemental report the receiver or trustee em	is true and accurate and that n	ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statute e same legal effect as if made unde proficiol da Statutes; and that my na	er oath; that I am an officer	or director
SIGNATURE:	SKINATURE AND TYPED OF	Dy Ke, TTT R PRINTED NAME OF SKINING OFFICER	OR DIRECTOR	9/05/1	03 (407) 22 Cayring Phone #	2 8185

Fantasy Limousine, Inc. 80145102

P.O. Box 561613 Orlando, FL 32856 (407) 222-8185

September 5, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL-32302-1500

2003 Uniform Business Report Re:

To Whom It May Concern:

I must sincerely apologize for not sending in my Uniform Business Report (UBR) and fee timely for the 2003 year. I did not receive the UBR because the company's address has changed. I have printed and signed a copy I downloaded from the sunbiz org website, and have enclosed it with a check for \$150.00. I would greatly appreciate it if you would waive any late fees since I did not receive the 2003 UBR.

I hope this is satisfactory for your needs and thank you in advance for your prompt attention to this matter. If you have any further questions, please feel free to contact me at (407) 222-8185.

Sincerely,

Peter Van Dyke, III

President