


2007 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 008 ***150.00

DOCUMENT # PO6000030578
1. Entity Name
AMERICA TRAVELS LIMO INC.



DO NOT WRITE IN THIS SPACE

40110443

2. Principal Place of Business
23135 BROWWERTOWN RD
Suite, Apt # etc

3. Mailing Address
23135 BROWWERTOWN RD
Suite, Apt # etc

DO NOT WRITE IN THIS SPACE

City & State
HOWEY IN THE HILLS, FL

City & State
HOWEY IN THE HILLS, FL

4. FEI Number
20-4633426

Applied For
 Not Applicable

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

Zip
34737 Country
US

Zip
34737 Country
US

7. Name and Address of Current Registered Agent

Name
PATTI LEVIN BS EA

Street Address (P.O. Box Number is Not Acceptable)
1250 MT HOMER RD STE 3

City
EUSTIS FL Zip Code
32726

DO NOT WRITE IN THIS SPACE

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 Patti Levin BS EA DATE 5/10/07

Signature, typed or printed name of registered agent and title, as applicable (NOTE: Registered Agent signature required when re-appointing)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT MICHAEL MALONE 23135 BROWWERTOWN RD HOWEY IN THE HILLS, FL 34737</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered

SIGNATURE: Patti Levin BS EA DATE 5/10/07 DAYTIME PHONE # (352) 357-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CSZERNAS (12/07)