

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90227 019 \*\*\*158.75  
 07-18-2002 90124 028 \*\*\*391.25

DOCUMENT # **P94000091672**

1. Entity Name

**KLASSY KOACH LIMOUSINES INC.**

Principal Place of Business

**2625 MERCER AVENUE**  
**WEST PALM BEACH FL 33401**  
**US**

Mailing Address

**11767 W. RAMBLING DRIVE**  
**WEST PALM BEACH FL 33414**



2. Principal Place of Business

**1575 DONNA RD.**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**W.P.B. Fla 33409**

City &amp; State

4. FEI Number **65-0540989**

Applied For  
 Not Applicable

Zip

**Fla.**

Country

**U.S.**

Zip

Country

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.**  
**4521 PGA BLVD. STE. 211**  
**PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **STEPHEN M. HALL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11767 W. Rambling Dr.**  
 City **W.P.B** FL Zip Code **33414**

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 **STEPHEN M. HALL**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**7-10-02**

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 **D** ☐ Delete  
 NAME **HALL, STEVE**  
 STREET ADDRESS **C/O 11767 W. RAMBLING DRIVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **S** ☐ Delete  
 NAME **HALL, DAWN E.**  
 STREET ADDRESS **C/O 11767 W. RAMBLING DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

**DAWN E. HALL**

Date

**(561) 6887111**

Daytime Phone #

CR2E034 (9/01)



*Attachment  
121872*

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 2, 2002

KLASSY KOACH LIMOUSINES INC.  
11767 W. RAMBLING DRIVE  
WEST PALM BEACH, FL 33414

Subject: KLASSY KOACH LIMOUSINES INC.

Reference Number: P94000091672

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75. — *already included in \$391.25*

There is a balance due of \$391.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314