

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0181467 AV

04-10-2002 90441 007 ***150.00

DOCUMENT # P95000068289

1. Entity Name

AIRPORT LIMO, INC.

Principal Place of Business

**7917 SW 5TH ST.
 NORTH LAUDERDALE FL 33068**

Mailing Address

**7917 SW 5TH ST.
 NORTH LAUDERDALE FL 33068**

2. Principal Place of Business

7917 SW 5th ST

Suite, Apt. #, etc.

3. Mailing Address

7917 SW 5th ST

Suite, Apt. #, etc.

City & State

North Lauderdale FL

City & State

North Lauderdale FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

STENNETT, LEON

7917 S.W. 5TH STREET

NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

Stennett, Leon

Street Address (P.O. Box Number is Not Acceptable)

7917 SW 5th ST

City

North Lauderdale

FL

Zip Code

33068

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
 NAME **PD STENNETT, LEON**
 STREET ADDRESS **7917 S.W. 5TH STREET**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
 NAME **D STERLIN, LILA**
 STREET ADDRESS **7917 S.W. 5TH STREET**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 NAME
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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 SIGNING OFFICER OR DIRECTOR
Leon Stennett

3/20/02

Date

954-722-4160

Daytime Phone #

CR2E034 (9/01)