FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 15, 2001 8:00 am DOCUMENT # **P96000002496 Secretary of State** 1. Entity Name J & M LIMOUSINES, INC. 02-15-2001 90064 027 \*\*\*150.00 Principal Place of Business Mailing Address 10548 SPRING HILL DR. 10498 SPRING HILL DRIVE SPRING HILL FL 34608 SPRING HILL FL 34608 716974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3352952 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCARANTINO, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 2512 GLENRIDGE DRIVE SPRING HILL FL 34609 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE SCARANTINO, ROVERT NAME NAME 2512 GLENRIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition CESIRO, DORA F NAME NAME 11462 CHALKFARM RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP П Спапре ☐ Addition TITLE Delete TITLE CESIRO, ANTHONY NAME NAME STREET ADDRESS 11462 CHALKFARM RD. STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SCRANTINO, FLORENCE NAME NAME 2512 GLENRIDGE DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

XARANTINO 2-13-01