FILED Apr 30, 2003 8:00 am Secretary of State

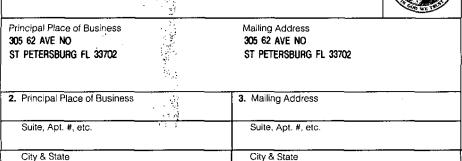
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DOCUMENT

1. Entity Name BUDGET LIMO IN

SIGNATURE

#	P97000063944	120
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TIUMUMUT

59-3478406



☐ CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MARTIN, RICHARD E	:			Name	•	_		
307 62ND AVE N.				Street Address (P.O. Box Number is Not Acceptable)				
ST PETERSBURG FL 33702		4		,				
:				City		FL	Zip Code	

8.	The above named entity submits this statem	ent 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.						

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Martin, Richard E 307 62ND Ave North St. Petersburg FL 33702	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, Richard 307 62ND Ave. North Saint Petersburg FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	€ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.