

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 034 ***150.00

DOCUMENT # P98000011163

1. Entity Name
NATIVE LIMOUSINE SERVICE, INC.



Principal Place of Business
**806 NORTH EAST PECAN CIRCLE
BAREFOOT BAY FL 32976**

Mailing Address
**806 NORTH EAST PECAN CIRCLE
BAREFOOT BAY FL 32976**

2. Principal Place of Business
865 Pecan Circle

3. Mailing Address
865 Pecan Circle

Suite, Apt. #, etc.
Barefoot Bay

Suite, Apt. #, etc.

City & State
FL

City & State
Barefoot Bay, FL

Zip
32976

Country
Brevard

Zip
32976

Country
Brevard

4. FEI Number **59-3491971**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YASIN, M. PATRICIA
806 NORTH EAST PECAN CIRCLE
BAREFOOT BAY FL 32976**

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YASIN, M. PATRICIA 806 NORTH EAST PECAN CIRCLE BAREFOOT BAY FL 32976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: M. YASIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **772-664-5177**
Date Daytime Phone #

CR2E034 (10/02)