

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 21, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000099968**

1. Entity Name  
**CELEBRITY-1 LIMOUSINES, INC.**

Principal Place of Business 2082 S.W. CYCLE ST.  PORT ST. LUCIE FL 349531658	Mailing Address 2082 S.W. CYCLE ST.  PORT ST. LUCIE FL 349531658
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2. Principal Place of Business 592 EYERLY AVE  Suite, Apt. #, etc.	3. Mailing Address P O BOX 13083.  Suite, Apt. #, etc.
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City & State PORT ST. LUCIE FL	City & State FT PIERCE FL
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Zip 34983	Country	Zip 34979	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
POWELL FREDERICK E 2082 S.W. CYCLE ST.  PORT ST. LUCIE FL 349531658 US	Name EMMONS TRACY Street Address (P.O. Box Number is Not Acceptable) 592 EYERLY AVE  City PORT ST. LUCIE FL Zip Code 34983

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 **TRACY EMMONS** 04/21/2000  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL DARLENE			NAME	EMMONS GEORGE		
STREET ADDRESS	2082 SW CYCLE ST			STREET ADDRESS	592 EYERLY AVE		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953			CITY-ST-ZIP	PORT SAINT LUCIE FL 34983		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL FREDERICK E			NAME	EMMONS TRACY		
STREET ADDRESS	2080 SW CYCLE ST			STREET ADDRESS	592 EYERLY AVE		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953			CITY-ST-ZIP	PORT SAINT LUCIE FL 34983		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: GEORGE EMMONS 04/21/2000