

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000106273****1. Entity Name**  
**SOUTHAMPTON LIMOUSINE, INC.****FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90322 043 \*\*\*150.00

**Principal Place of Business**  
410 BUSINESS PARKWAY #118  
ROYAL PALM BEACH FL 33411**Mailing Address**  
410 BUSINESS PARKWAY #118  
ROYAL PALM BEACH FL 33411**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 11-3164601

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**SCRUGGS, MOLLIE S  
410 BUSINESS PARKWAY #118  
ROYAL PALM BEACH FL 33411Name  
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.****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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| 11. OFFICERS AND DIRECTORS      |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|--|---|------|
| TITLE                           | NAME   | TITLE   | NAME |
| <input type="checkbox"/> Delete | SCRUGGS, MOLLIE S<br>P.O. BOX 918<br>SOUTHAMPTON NY 11969  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | CARUSO, MICHAEL<br>35 MONTAUK HWY.<br>SOUTHAMPTON NY 11968 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |

**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 DIRECTOR1/5/01 561-792-5959  
Date Daytime Phone #

CR2E034 (10/00)