## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

## May 21, 2002 8:00 am Secretary of State P99000061590 DOCUMENT # 1. Entity Name 05-21-2002 91174 030 \*\*\*150.00 RICH LIMOUSINES, INC. Principal Place of Business Mailing Address 1498 A GULF TO BAY BLVD. 1498 A GULF TO BAY BLVD. **CLEARWATER FL 33715** CLEARWATER FL 33715 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3592251 Not Applicable 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 Richard Levy GRIECO, DANIEL J II Street Address (P.O. Box Number is Not Acceptable) 343 S. Highland Avenue 9089 BELCHER RD. PINELLAS PARK FL 33782 City Clearwater 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. K Change ☐ Addition TITLE Delete TITLE LEVY, RICHARD NAME NAME STREET ADDRESS 343 S. Highland Avenue STREET ADDRESS 343 S. HWY. AVE. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33715 Clearwater, FL 33755 K Change ☐ Addition ☐ Delete TITLE NAME Levy, Doreen NAME STREET ADDRESS STREET ADDRESS 343 S. HWY. AVE. 343 S. Highland Avenue CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33715 Clearwater, FL --- -- Change Addition Delete. TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE 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

**FILED**