2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ,

FILED DOCUMENT # **P99000091425** Apr 18, 2000 8:00 am Secretary of State GOLD STAR LIMOUSINE, INC. 04-18-2000 90232 016 ***150.00 Mailing Address Principal Place of Business 286 LANCER OAK DRIVE 286 LANCER OAK DRIVE APOPKA FL 32712 APOPKA FL 32712-2759 2. Principal Place of Business 486 LANCEROAR DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 52-2193775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EASON, TONYA Street Address (P.O. Box Number is Not Acceptable) 286 LANCER OAK DRIVE APOPKA FL 32712 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. V.P. OPERATIONS Y. P. OPERATIONS ☐ Delete TITLE TITLE RON EASON 286 LANCER OAK DR. RON EASON NAME NAME 286 LANCER DAK DR STREET ADDRESS STREET ADDRESS APOPKA, FL 32712 CITY-ST-ZIP APOPKA, FZ 32712 CITY-ST-ZIP V.P. SALES/ MARKETING Y.P. SALES/MARKETING Addition Addition TITLE TITLE TONYA ETSON TONYA EASON NAME NAME 286 LANGER DAK DR 286 LANCER DAK DR. STREET ADDRESS STREET ADDRESS APORLA, FZ 32112 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE - -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.