2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2001 08:00 AM P99000091425 DOCUMENT # 1. Entity Name **Secretary of State** GOLD STAR LIMOUSINE, INC. Principal Place of Business Mailing Address 286 LANCER OAK DRIVE 286 LANCER OAK DRIVE АРОРКА FL **АРОРКА** FL 32712 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2193775 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EASON TONYA EASON TONYA 286 LANCER OAK DRIVE Street Address (P.O. Box Number is Not Acceptable) 286 LANCER OAK DRIVE APOPKA FL32712 City Zip Code APOPKA 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. TONYA EASON 09/12/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VΡ TITLE ☐ Delete TITLE ☐ Addition MAME EASON TONYA NAME 286 LANCER OAK DR. STREET ADDRESS STREET ADDRESS APOPKA CITY-ST-ZIP FL 32712 CITY-ST-ZIP VP ☐ Delete TITLE PRES X Change NAME EASON RON NAME EASON RON STREET ADDRESS 286 LANCER OAK DR. STREET ADDRESS 286 LANCER OAK DR. CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP APOPKA FL32712 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

09/12/2001

Daytime Phone #

Date

Tonya Eason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

CR2E034 (11/00)