

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90128 006 ***150.00

DOCUMENT # L90127

1. Entity Name
ARKANSAS BUS EXCHANGE CORPORATION

Principal Place of Business

12253 W COLONIAL DRIVE
WINTER GARDEN FL 34787
US

Mailing Address

12253 W COLONIAL DRIVE
WINTER GARDEN FL 34787
US

2. Principal Place of Business

1150 JETPORT DR

Suite, Apt. #, etc.

3. Mailing Address

1150 JETPORT DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3018790

Applied For

Not Applicable

Zip

32809

Country

ORANGE

Zip

32809

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLESEN, STEVEN

12253 W COLONIAL DRIVE
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1150 JETPORT DR.

City

ORLANDO

FL

Zip Code

32809

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)

1-25-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **OLESEN, STEVEN**
STREET ADDRESS **13201 OLESEN COURT**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **P** ☐ Delete
NAME **OLESEN, DARLA**
STREET ADDRESS **12252 VALENCIA DRIVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **OLESEN, STEVEN**
STREET ADDRESS **13201 OLESEN COURT**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **ST** ☒ Change ☐ Addition
NAME **OLESEN, DARLA**
STREET ADDRESS **12634 VALENCIA DR**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

Daytime Phone #

CR2E034 (9/01)