

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90057 050 ***150.00

DOCUMENT # 657226

1. Entity Name

ZEPHYR COACH SERVICE, INC.

Principal Place of Business

**37321 NORTHSIDE DR
 ZEPHYRHILLS FL 33541**

Mailing Address

**37321 NORTHSIDE DR
 ZEPHYRHILLS FL 33541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1969985

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

**HUBBELL, ALAN ROBERT
 37321 NORTHSIDE DR
 ZEPHYRHILLS FL 33541**

Name

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	HUBBELL, ALAN ROBERT	37321 NORTHSIDE DR	ZEPHYRHILLS FL				
	DP				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete						
	HUBBELL, LULA BELLE	37321 NORTHSIDE DR	ZEPHYRHILLS FL				
	DV				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete						
	HUBBELL, PAMELA	37321 NORTHSIDE DR	ZEPHYRHILLS FL				
					<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: Lula Belle Hubbard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 813-782-7476
 Date Daytime Phone #

CR2E034 (10/00)