FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 20, 2001 8:00 am Secretary of State F00000006026 DOCUMENT # 1. Entity Name 08-20-2001 90075 008 \*\*\*550 00 BALTIMORE COMFORT COACHES, INC. Principal Place of Business Mailing Address 35 SANDSTONE COURT 35 SANDSTONE COURT CCOLOUUL NOTTINGHAM MD 21236-4574 NOTTINGHAM MD 21236-4574 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-2179239 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAUER, JAMES F Street Address (P.O. Box Number is Not Acceptable) **1823 STONEHAVEN DRIVE** SOYNTON BEACH FL 33436 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 FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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. ☐ Addition TITLE ... Delete TITLE SAUER, DONALD NAME NAME STREET ADDRESS 35 SANDSTONE COURT STREET ADDRESS NOTTINGHAM MD CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME trimboli. Carmelo p NAME STREET ADDRESS STREET ADDRESS 8802 MAYFLOWER ROAD CITY-ST-7IP CITY-ST-7IP BALTIMORE MD ☐ Addition TITLE ☐ Delete TITLE ☐ Change Sauer, Michelle NAME NAME STREET ADDRESS STREET ADDRESS 35 SANDSTONE COURT CITY-ST-ZIP CITY-ST-ZIP NOTTINGHAM MD TITLE ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information indicated on this report or supplem of the corporation or the receiver by If supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 by trustee emporaried to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment