

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90074 041 \*\*\*550.00

**DOCUMENT # F02000004836**

1. Entity Name  
**SUPERBUS 1, LTD., INC.**



Principal Place of Business  
**11646 PIKE 9146  
LOUISIANA MO 63353**

Mailing Address  
**11646 PIKE 9146  
LOUISIANA MO 63353**

2. Principal Place of Business

3. Mailing Address

**13511 GRANVILLE AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CLERMONT, FL**

Zip

Country

Zip  
**34711**

Country

**USA**

4. FEI Number **43-1867218**

Applied For

Not Applicable

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**

**ALLEN, MIKE  
13511 GRANVILLE AVE.  
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-19-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	CPVS			
	JENKINS, CAROL	11646 PIKE 9146	LOUISIANA MO 63353	
	TDV			
	JENKINS, CAROL	11646 PIKE 9146	LOUISIANA MO 63353	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)