2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50785

1. Entity Name

FIRST CLASS COACH & EQUIPMENT, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90262 033 ***150.00

FIRST CLA	ISS COACH & EQUIPMEN	I, INC.							
Principal Place of Business 88 E BROAD 新刊 WINTER GARDEN FL 34787		Mailing Address 88 E BROAD シゴ WINTER GARDEN FL 34787							
2. Principal Place of Business		3. Mailing Address] 	ill a ibis bibil	ULULI ULULI BIL	AI QIBIL IBUL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4	. FEI Number 59-2139722			plied For t Applicable	ì
Zip	Country	Zip	Country		. Certificate of Status Desired	لسا Fe	8.75 Addi ee Required		l
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
FÉWELL, SCOTT T. 88 E BROAD ST.			Street Ac	dress (P.O	. Box Number is Not Acceptable)	-			
104	AU SJ Arden Fl 34787								l
	2, 75		City			FL	Zip Code		1
8. The arraye the enagati	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	registered office or	registered	agent, or both, in the State of Floric	la. I am fai	miliar with, a	and accept	
4								ľ	l
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent signatu	re required whe	en reinstating)	DATE			
	Signature, typed or printed name or registered agent	and the II applicable. (10 is					_*		ĺ
FILE NOW!!! FEE IS \$150.00					9. Election Campaign Finar	ncing	\$5.00	O May Be	l
After May 1, 2003 Fee will be \$550.00					Trust Fund Contribution.		Added	to Fees	ĺ
Make Check	Payable to Florida Department o	State			70.0550	EDO ANIO I	DIDECTÓR:	2 (5) 11	ĺ
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC				โล
TITLE	CEO 、	☐ Delete	TITLE				☐ Change	Addition	(10/02)
NAME	FEWELL, SCOTT T		NAME						7
STREET ADDRESS	10844 BAYSHORE DRIVE		STREET ADDRESS CITY-ST-ZIP						8
CITY-ST-ZIP	WINDERMERE FL 34786						Change	Addition	1 8
TITLE	P	☐ Delete	TITLE			'	CT change	☐ Addition	\ \
NAME	BAY, JAMES D		NAME STREET ADDRESS						-
STREET ADDRESS CITY-ST-ZIP	10812 VERSAILLES CLERMONT FL 34711		CITY-ST-ZIP						
			TITLE				☐ Change	Addition	1
TITLE	VP	☐ Delete	NAME					_	
NAME	CHAPMAN, TOD	,	STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	17301 SUMMER OAK LANE CLERMONT FL 34711		CITY-ST-ZIP						
	VP	☐ Delete	TITLE	72	A Bacansman	1. C+	Change	Addition	1
TITLE	OBERT, RONALD K	□ Delete	NAME	a D	7 0 El 21/3/1/eq	<u> </u>			
NAME STREET ADDRESS	600 RIVER BURCH CT #525		STREET ADDRESS	Win	et Baronsmea Her Garden, FL 37	1787			
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP						
	ST	☐ Delete	TITLE	***	0 1		Change	☐ Addition	
TITLE NAME	FEWELL-BEEBE, KAREN	LI Delote	NAME	791	40 Preserve CIC	:/e			
STREET ADDRESS	17326 SUMMER OAK LANE		STREET ADDRESS	#9	7/2				
CITY-ST-ZIP	CLERMONT FL 34711	•	CITY-ST-ZIP	Nap	40 Preserve Circ 112 105, FL 34119				-

12. Thereby 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 rubtee 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

FEWELL, SCOTT E

10844 BAYSHORE DR --

WINDERMERE FL 34786

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-23-03

212 N. Highland Ave Winter Garden, FL 34181

407-656-1175

Addition

Daytime Phone #

Change