

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F91222**

1. Entity Name

COACH SERVICES INTERNATIONAL CORPORATION

Principal Place of Business

**31017 AIRWAY RD.
LEESBURG FL 34748-9727**

Mailing Address

**31017 AIRWAY RD.
LEESBURG FL 34748-9727**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**MCLIN, WALTER S. I
1000 WEST MAINS TREET
LEESBURG FL 32748**

7. Name and Address of New Registered Agent

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	JONES, GRANT L.	
STREET ADDRESS	18 GLOUCESTER WALK	
CITY-ST-ZIP	LONDON W8 ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CAROL A.	
STREET ADDRESS	18 GLOUCESTER WALK	
CITY-ST-ZIP	LONDON W8 ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALHOUN, JERRY	
STREET ADDRESS	31017 AIRWAY RD.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PADGETT, KEITH	
STREET ADDRESS	31017 AIRWAY RD.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRIMENOS, P	
STREET ADDRESS	3197 AIRWAY RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Strimenos**2-2-2000**

Date

352-728-0749

Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90116 017 ***150.00



DO NOT WRITE IN THIS SPACE