

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004413

1. Entity Name
DURHAMWAY BUS LINES LIMITED INCORPORATED

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90007 040 ***150.00

Principal Place of Business 485 WATERLOO COURT OSHAWA, ONTARIO CANADA L1H 3X2	Mailing Address 485 WATERLOO COURT OSHAWA, ONTARIO CANADA L1H 3X2
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00000140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 535 Taunton Rd E Suite, Apt. #, etc.
City & State	City & State Canada Whitby, Ontario

4. FEI Number 94-3191468	Applied For <input type="checkbox"/> Not Applicable
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Zip L1H 3X2	Country Canada
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required, <input type="checkbox"/>
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6. Name and Address of Current Registered Agent
**STINCHFIELD, SANDRA
9346 TRADEWINDS AVENUE
SEMINOLE FL 34646**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PTSC ING, PAT 12 CYNTHIA COURT WHITBY ON <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ELLEN MARIE 83 HEMINGFORD PLACE WHITBY ON <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas, Ellen Marie 535 Taunton Rd. E. Whitby, Ont. Canada L1H 3X2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Mar 29 2000** Daytime Phone #: **905-430-0097**

CR2E034 (9/99)