2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90163 039 ***150.00

DOCUMENT # G42895

1. Entity Name
WHEELED COACH INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2737 N FORSYTH RD	2737 N FORYSTH RD
WINTER PARK FL 32792	WINETER PARK FL 32792
US	US

11009212

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2309315 ☐ 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
COLLINS, DON L 157 E. NEW ENGLAND AVE., SUITE 364 WINTER PARK FL 32789-7007	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

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	CD COLLINS, DON L. 157 E. NEW ENGLAND AVE., SUITE 364 WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD COLLINS, DONALD LYNN 15 COMPOUND DRIVE HUTCHINSON KA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HUTCHINSON, KS 67502	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLLINS, ROBERT J 2737 FORSYTH RD WINTER PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLINS, ROBERT J. 2737 FORSYTH RD WINTER PARK, FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAYRE, LARRY 15 COMPOUND DRIVE HUTCHINSON KS 67502	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/VF/D SAYRE, LARRY W. 15 COMPOUND DRIVE HUTCHINSON, KS 67502	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WAITS, JAMES 401 W 89TH ST KANSAS CITY MI	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CLARK, TERRY L. 15 COMPOUND DRIVE HUTCHINSON, KS 67502	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VF SAYRE, LARRY W 2737 N FORSYTH RD WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ **REQUIRED** Larry W. Sayre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #