

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90046 005 ***150.00

DOCUMENT # H32618

1. Entity Name

ESCOT BUS LINES, INC.

Principal Place of Business

Mailing Address

P O BOX 3875
 P O BOX 3875
 SEMINOLE FL 33775
 US

P O BOX 3875
 P O BOX 3875
 SEMINOLE FL 33775-3875
 US

2. Principal Place of Business

3. Mailing Address

6890 - 142nd AVENUE N.

6890 - 142nd AVENUE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO FLORIDA

City & State
LARGO FLORIDA

4. FEI Number **59-2577191**

Applied For
 Not Applicable

Zip Country
33771 PINELLAS

Zip Country
33771 PINELLAS

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

SCOTT, LEWIS
11105 66TH STREET NORTH
LARGO FL 33773

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD SCOTT, LEWIS A. 11105 66TH STREET NORTH LARGO FL 33773	<input type="checkbox"/>		
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	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:

SCOTT, LEWIS A. **SCOTT, LEWIS A.** **4/14/2000** **727-545-2085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)