

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90162 042 ***150.00

DOCUMENT # K00406

1. Entity Name
MR. B'S CHARTER BUS, INC.



Principal Place of Business
**5940 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33334**

Mailing Address
**% ALVA E. BIRGE
5940 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33334**



2. Principal Place of Business
5940 NE 4th Ave

3. Mailing Address
5940 NE 4th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft Lauderdale Fl.

City & State
Ft Lauderdale Florida

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
33334

Country
U.S.A

Zip
33334

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BIRGE, ALVA E.
5940 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33334**

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. 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

TITLE **D** ☐ Delete
NAME **BIRGE, ALVA E.**
STREET ADDRESS **5940 N.E. 4 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **VP** ☐ Delete
NAME **BIRGE, MADELINE**
STREET ADDRESS **5940 NE 4TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Alva E Birge**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03 954-493-5175
Date Daytime Phone #

CR2E034 (10/02)