

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90039 003 ***150.00

DOCUMENT # L96453

1. Entity Name
INTERNATIONAL BUS & PARTS, INC.



Principal Place of Business
**2055 SPRINT BLVD
SUITE D
APOPKA FL 32703
US**

Mailing Address
**2055 SPRINT BOULEVARD, SUITE D
P O BOX 1009
APOPKA FL 32704**

2. Principal Place of Business

2055 Sprint Blvd
Suite, Apt. #, etc.

3. Mailing Address

2055 Sprint Blvd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Apopka FL

Zip
32703

Country

City & State
Apopka FL

Zip
32703

Country

4. FEI Number
59-3026223

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUNFOLA, VINCENT A
544 SPRING HOLLOW BLVD
APOPKA FL 32712**

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 *V. Runfola*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-03

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 **RUNFOLA, VINCENT A.**
STREET ADDRESS **544 SPRING HOLLOW BLVD.**
CITY-ST-ZIP **APOPKA FL**

TITLE **DST** ☐ Delete
NAME **RUNFOLA, ANITA L**
STREET ADDRESS **544 SPRING HOLLOW BLVD.**
CITY-ST-ZIP **APOPKA FL**

TITLE **P** ☐ Delete
NAME **RUNFOLA, VINCENT A**
STREET ADDRESS **544 SPRING HOLLOW BLVD.**
CITY-ST-ZIP **APOPKA 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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *V. Runfola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03 **407-880-9700**
Date Daytime Phone #

CR2E034 (10/02)