

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-21-2002 90874 020 ***150.00

DOCUMENT # P01000072422

1. Entity Name

NAPLES SCHOOL BUS INC

Principal Place of Business

**649 5TH AVE SOUTH
NAPLES FL 34102**

Mailing Address

**649 5TH AVE SOUTH
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Name

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONDARENKO, MICHAEL G
649 5TH AVE SOUTH
NAPLES FL 34102**

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

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

(NOTE: Registered Agent signature required when resigning)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BONDARENKO, MICHAEL G 649 5TH AVE SOUTH NAPLES FL 34102			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Line No.

Batch No.

Order No.

N25

EADC

20020625

45

2

SUBTYPE = T TELEPHONE

Station

Quantity

Title/Catalog Number

Message

21 43
21 44

1 X
2 F
1 I

ENVELOPE 250
SS-4
SS-4

63172B
16055N
62736F

Attachment
 96919
 PO100W72422

Internal Revenue Service
 4300 Carolina Avenue
 Richmond, VA 23222

FIRST CLASS MAIL
 POSTAGE AND FEES PAID
 OFFICIAL BUSINESS
 PENALTY FOR PERMIT # G-48
 PRIVATE USE \$300



0625004500200P

NAPLE SCHOOL BUS
 649 5TH AVE S
 NAPLES FL 34102-6601



EGD