2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

3/1

FILED Mar 31, 2003 8:00 am Secretary of State

| 1. Entity Name MOBERG'S MOTOR COACH SERVICES, INC. | | | | | 03-17-2003 90 | 066 015 ** | **150.00 | |
|---|--|------------------------------|---|---|--|------------------|-----------------------|-----------------|
| Principal Place of Business 3898 BUEFO PLACE Bufeo TITUSVILLE FL 32796 Mailing Address 3898 BUEFO PLACE TITUSVILLE FL 32796 TITUSVILLE FL 32796 | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | City & State | | 4. FEI Number | ⊢ | oplied For | } |
| Zip Country | | Zip | Zip Count | | 5. Certificate of Status Desired | \$8.75 Ad | ditional | |
| | 6. Name and Address of Curr | rent Registered Agent | | | 7. Name and Address of New Registered | | <u>-</u> | ١ |
| | | | المستعدد عصية | Name | | | | |
| MOBERG, KARL R 3898 BUETO PLACE Buteo | | | | Street Address (P. | s (P.O. Box Number is Not Acceptable) | | | |
| titusvili | LE FL 32796 | | | | | | | |
| | • • | | | | FI | Zip Coo | е | |
| | e named entity submits this stateme tions of registered agent. | nt for the purpose of chan- | ging its registered | d office or registered | d agent, or both, in the State of Florida. I an | i familiar with, | and accept | |
| SIGNATURE | Signature, typed or printed name of registered a | and and title if a selfankin | ANNE Desired | A | hen reinstating) DATE | - . | | |
| | Signature, typed or printed reason or registered a | gent and see it applicades. | (NOTE: negistered | Agent signature required w | non remarking) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | Election Campaign Financing Trust Fund Contribution. | \$5.0 | O May Be l to Fees | |
| 10. | OFFICERS A | ND DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTOR | S IN 11 | ı |
| TITLE NAME: | PTD MOBERG, KARL R | Delet | te TITLE NAME | | · · | Change | Addition | CR2E034 (10/02) |
| STRELT ADDRESS | 3898 BUETO PLACE TITUSVILLE FL 32796 | | STREET CITY-S | I AODRESS ST-ZIP | | | | 934 |
| TILE | secretary | □ Delet | ie justi | | | Change | ☐ Addition | Ĕ |
| NAME STREET ADDRESS | Moberg, Sharon 3898 Buteo Pl. Titusvilly Ft 32796 | | NAME Street | ADDRESS | | | | |
| CITY-ST-ZIP | outer 11. 11 | MISVILLE 3279 | b city-s | ST-ZIP | <u> </u> | ☐ Change | | |
| NAME | | ☐ Delet | E TITLE | ŀ | | ILLNance | Addition | |
| | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | STREET CITY-S | ADDRESS | ************************************** | | | |
| TITLE | | . Delet | STREET CITY-S e TITLE | ADDRESS | | ☐ Change | ☐ Addition | |
| | | · Delet | STREET CITY-S O TITLE NAME | ADDRESS ADDRESS | | | Addition | |
| TITLE NAME STREET ADDRESS | | Delet | STREET CITY-S H TITLE NAME STREET CITY-S | ADDRESS ADDRESS | | | Addition Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Deleti | STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME | ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS | | ☐ Change | Addition | |

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:

3-12-<u>03</u> 631-7777