

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90208 018 ***158.75

01/01/03
AV

DOCUMENT # P02000115080

1. Entity Name
AMERICA'S BUS SUPERSTORE CORPORATION



Principal Place of Business
1150 JETPORT DRIVE
ORLANDO FL 32809

Mailing Address
1150 JETPORT DRIVE
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1860673

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Olesen, Preben
12634 VALENCIA DRIVE
CLERMONT FL 34711

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---------------------------------|
| TITLE | CHAIRMAN | <input type="checkbox"/> Delete |
| NAME | PREBEN OLESEN | |
| STREET ADDRESS | 1150 JETPORT DRIVE | |
| CITY-ST-ZIP | ORLANDO, FL 32809 | |
| TITLE | PRESIDENT & CEO | <input type="checkbox"/> Delete |
| NAME | DON PATTS | |
| STREET ADDRESS | 1150 JETPORT DRIVE | |
| CITY-ST-ZIP | ORLANDO, FL 32809 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Delete |
| NAME | STEVEN OLESEN | |
| STREET ADDRESS | 1150 JETPORT DRIVE | |
| CITY-ST-ZIP | ORLANDO, FL 32809 | |
| TITLE | VICE PRESIDENT, SEC. & TREAS. | <input type="checkbox"/> Delete |
| NAME | HARVEE MCALHANEY | |
| STREET ADDRESS | 1150 JETPORT DRIVE | |
| CITY-ST-ZIP | ORLANDO, FL 32809 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

V.P., SEC & TREAS 4/23/03 407-877-3991

Date

Daytime Phone #

CR2E034 (10/02)