

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90039 029 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000131344**

1. Entity Name  
**SABRE BUS, INC.**



Principal Place of Business  
**5551 RIDGEWOOD DRIVE**  
**SUITE 301**  
**NAPLES FL 34108**

Mailing Address  
**5551 RIDGEWOOD DRIVE**  
**SUITE 301**  
**NAPLES FL 34108**



2. Principal Place of Business  
**PMB 301**  
**PO Box 413005**  
**City & State Naples FL**  
**Zip 34101**  
**Country USA**

3. Mailing Address  
**PMB 301**  
**PO Box 413005**  
**City & State Naples FL**  
**Zip 34101**  
**Country USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEL Number **33-1033891** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KEELEY, PETER L ESO**  
**5551 RIDGEWOOD DRIVE**  
**SUITE 301**  
**NAPLES FL 34108**

7. Name and Address of New Registered Agent  
 Name **Randall J. Latona**  
 Street **PMB 301**  
**838 Neapolitan Way**  
 City **Naples** FL Zip Code **34108**

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

(NOTE: Registered Agent signature required when reinstating)

**3-18-03**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTDs</b> <b>Randall J. Latona</b> <b>PMB 301 / PO Box 413005</b> <b>Naples, FL 34108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-03 239-594-3114**  
 Date Daytime Phone

CR2E004 (10/02)

Attachment #

88030666

MARCH 18, 2005

FLORIDA DEPARTMENT OF STATE

RE: ANNUAL REPORT

CORPORATION:

Sabre Bus, Inc.

DOCUMENT #

PO-2000-131344

TAX ID:

33-1033891

THIS IS AFFIRMATION THAT NO ADDRESS OTHER THAN THE POST OFFICE BOX IS AVAILABLE.

SINCE THE 911 DISASTER THE MAILING CENTER CAN NO LONGER ACCEPT MAILED DIRECTED IN ANY OTHER CONFIGURATION.

THE CORRECT ADDRESS FOR THE CORPORATION, OFFICERS AND REGISTERED AGENT IS:

P.M.B. 301  
P.O. BOX 413005  
NAPLES, FL. 34101

THANK YOU,

RANDALL J. LATONA  
CORPORATE SECRETARY

RECEIVED TO NEW YORK  
THE FOLLOWING INFORMATION IS FOR THE USE OF THE POSTAL SERVICE

ADDITIONAL INFORMATION IS FOR THE USE OF THE POSTAL SERVICE  
THESE ARE THE ONLY INFORMATION THAT WILL BE USED TO DETERMINE