

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91178 047 ***158.75

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DOCUMENT # P93000046546

1. Entity Name
CONQUEST COACH LINES, INC.



Principal Place of Business
755 WEST LANDSTREET ROAD
ORLANDO FL 32824

Mailing Address
755 WEST LANDSTREET ROAD
ORLANDO FL 32824

20030954



2. Principal Place of Business

3. Mailing Address

2784 Whisper Lake Cir.

P.O. Box 770267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9665 Bachman Rd.

City & State
Orlando FL

City & State
Orlando FL

Zip
32824

Country
Orange

Zip
32827

Country
Orange

4. FEI Number 59-3189603

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

BENAVIDES, ALVARO A
2784 WHISPER LAKES CL. CIRCLE
ORLANDO FL 32837

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]*
Signature of individual 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete
NAME BENAVIDES, ALVARO A
STREET ADDRESS 2784 WHISPER LAKE CL. CIRCLE
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03

(407) 855-6434

Date

Daytime Phone #

CR2E034 (10/02)