2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P93000057967 Apr 24, 2000 8:00 am Secretary of State WHEELED COACH ENTERPRISES, INC. 04-24-2000 90146 004 ***150.00 Mailing Address Principal Place of Business 2737 N FORSYTH RD 2737 N FORSYTH RD WINTER PARK FL 32792 WINTER PARK FL 32792-6673 STUUTU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3205527 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLLINS, DON L Street Address (P.O. Box Number is Not Acceptable) 222 W COMSTOCK AVE -SUITE-214 157 E. NEW ENGLAND AVE., SUITE 364 WINTER PARK FL 32789 Zip Code 32789-7007 City WINTER PARK 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change TITLE ☐ Defete TITLE COLLINS, DON L. NAME NAME STREET ADDRESS STREET ADDRESS 2737 N FORSYTH RD CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE COLLINS, DONALD L. NAME NAME 2737 N FORSYTH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition TITLE ☐ Delete TITLE EDIGER, LEWIS W. NAME NAME 2737 N FORSYTH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32792 AS ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME WAITS, JIM NAME 2737 N FORSYTH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32792** ☐ Change Addition ☐ Delete TITLE COLLINS, ROBERT J NAME 2737 N FORSYTH RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.