2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am DOCUMENT # **P98000002311 Secretary of State** THOMAS BUS SERVICE, INC. 03-24-2000 90079 032 ***150.00 Mailing Address Principal Place of Business 183 WHITING LANE **483 WHITING LANE** TLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233-3912 劳勒 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3486697 Not Applicable Zip Zip Country 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 THOMAS, FOREST Street Address (P.O. Box Number is Not Acceptable) **483 WHITING LANE** ATLANTIC BEACH FL 32233 Zip Code City 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. 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 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. ☐ Addition TITLE Delete TITLE ☐ Change THOMAS, FOREST NAME STREET ADDRESS **483 WHITING LANE** STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ČITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE IAME NAME STREET ADDRESS STREET ADDRESS EITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE VAME NAME STREET ADDRESS STREET ADDRESS SITY-ST-ZIP CITY-ST-ZIP ITLE ☐ Delete TITLE ☐ Change ☐ Addition VAME NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP JITY~ST-ZIP 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 Statules. 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