

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089366

1. Entity Name

ANDER-SCOTT BUS SERVICE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90443 031 ***150.00

Principal Place of Business

6186 BASSANOVA COURT
JACKSONVILLE FL 32209

Mailing Address

6186 BASSANOVA COURT
JACKSONVILLE FL 32209-1813

2. Principal Place of Business

6186 BASSANOVA CT
Suite, Apt. #, etc.

3. Mailing Address

6186 BASSANOVA CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JAX. FLA

City & State

JAX. FLA

4. FEI Number

59-3545561

Applied For

Not Applicable

Zip

32209

Country

FLA

Zip

32209

Country

FLA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOTT, LEONARD	
STREET ADDRESS	6186 BASSANOVA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, JULIA	
STREET ADDRESS	6186 BASSANOVA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BRAZIEL, JOHNNIE	
STREET ADDRESS	6186 BASSANOVA CRT	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: Leonard Scott VP 2-23-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

764-6636

CR2E034 (9/99)