

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91361 008 ***155.00

DOCUMENT # P99000030842

1. Entity Name
SPEED BUS LINES, INC.

Principal Place of Business Mailing Address
11610 PURPLE LILAC CIRCLE **11610 PURPLE LILAC CIRCLE**
ORLANDO FL 32837 **ORLANDO FL 32837**

2. Principal Place of Business 3. Mailing Address
3022 LAZLO LANE **3022 LAZLO LANE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO, FL **ORLANDO, FL 328**

Zip Country Zip Country
32837 **USA** **32837** **USA**

4. FEI Number **59-9555279-** Applied For
 59-3566609 Not Applicable

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

BARBOSA, GEORGINA P
11610 PURPLE LILAC CIRCLE
ORLANDO FL 32837

Name **GEORGINA GLADYS BARBOSA**

Street Address (P.O. Box Number is Not Acceptable)

3022 LAZLO LANE

City **ORLANDO** FL Zip Code **32837**

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  **GEORGINA G. BARBOSA** **4/26/01**
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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	BARBOSA, GEORGINA G	
STREET ADDRESS	11610 PURPLE LILAC CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARBOSA, SERGIO R	
STREET ADDRESS	11610 PURPLE LILAC CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGINA G. BARBOSA	
STREET ADDRESS	3022 LAZLO LANE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO R. BARBOSA	
STREET ADDRESS	3022 LAZLO LANE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:  **GEORGINA G. BARBOSA** **4/26/01** **407-857-4447**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)