

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90072 001 ***150.00

DOCUMENT # P99000074168

1. Entity Name

BUS LINK, INC.

- DELTA MOTOCOACHES, INC

Principal Place of Business

5127 S.R. 54
 NEW PORT RICHEY FL 34652

Mailing Address

P O BOX 560994
 ORLANDO FL 32856

2. Principal Place of Business

5127 SR 54

3. Mailing Address

5127 SR 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY - FL

City & State

NEW PORT RICHEY - FL

4. FEI Number

59-3569263

Applied For

Not Applicable

Zip

34652

Country

1

Zip

34652

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIMA, NELSON
 126-B PAGE STREET
 ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name
LIMA NELSON

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

3425 DORADO DR.

City

HOLIDAY

FL

Zip Code

34690

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

NELSON LIMA - DIRECTOR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Nelson Lima

4-23-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	LIMA, NELSON	
STREET ADDRESS	126-B PAGE STREET	
CITY-ST-ZIP	ORLANDO FL 32806	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LIMA, NELSON	
STREET ADDRESS	3425 DORADO DR.	
CITY-ST-ZIP	HOLIDAY FL 34690	

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STREET ADDRESS		
CITY-ST-ZIP		

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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:

Nelson Lima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

727-815 3675

Daytime Phone #

CR2E034 (10/00)