

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097785

1. Entity Name

BUS FINDERS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90139 021 ***150.00

Principal Place of Business	Mailing Address
2486 SHELBY CIRCLE KISSIMMEE FL 34743	2486 SHELBY CIRCLE KISSIMMEE FL 34743-4447

2. Principal Place of Business 220 Olivewood Ct.	3. Mailing Address 220 Olivewood Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Kissimmee	City & State Kissimmee, FL
Zip FL	Country U.S.A.
Zip 34743	Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 593605855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WITHROW, BARBARA N 2486 SHELBY CIRCLE KISSIMMEE FL 34743	7. Name and Address of New Registered Agent Name Barbara N. Withrow Street Address (P.O. Box Number is Not Acceptable) 220 Olivewood Ct. City Kissimmee FL Zip Code 34743
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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 Barbara N. Withrow DATE 1-6-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$160.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jack P. Withrow 220 Olivewood Ct. Kissimmee, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jack P. Withrow 220 Olivewood Ct. Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Barbara Withrow 220 Olivewood Ct. Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jack P. Withrow JACK P. WITHROW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)