2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 12, 2003 8:00 am
Secretary of State
01-15-2003 90226 034 ***150.00

DOCUMENT # P99000097785

1. Entity Name
BUS FINDERS, INC.

Principal Place of Business	Mailing Address
3700 FAME C OURT KISSIMMEE FL 34744	3700 FAME C OURT KISSIMMEE FL 34744

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
105 Seventh St.	105 Seventh St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl.	City & State: Orlando, Fl.
Zip: 32824 Country: US.	Zip: 32824 Country: U.S.

4. FEI Number 59-3605855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~WITHROW, BARBARA N~~
~~3700 FAME COURT~~
~~KISSIMMEE FL 34744~~

7. Name and Address of New Registered Agent
Name: Carolan Hall
Street Address (P.O. Box Number is Not Acceptable): 2484 Shelby Circle
City: Kissimmee FL Zip Code: 34743

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carolan Hall — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/31/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WITHROW, JACK P 3700 FAME COURT KISSIMMEE FL 34744 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WITHROW, BARBARA 3700 FAME COURT KISSIMMEE FL 34744 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Albert N Hall 2484 Shelby Circle, Kissimmee, Fl. 34743 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Withrow — SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1-12-03 — Daytime Phone #