

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMMENDED

FILED

DOCUMENT # 099000097785

1. Entity Name

Bus Finders, Inc.



03 JUN 23 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2482 Shelby Circle
Suite, Apt. #, etc.

3. Mailing Address

2482 Shelby Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee, FL

City & State
Kissimmee, FL

4. FEI Number

59 360 5855

Applied For

Not Applicable

Zip
34744

Country
US

Zip
34744

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Barbara Withrow

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

306 H Cherokee Ct.

City
Altamonte Springs

FL

Zip Code
32701

**DO NOT WRITE
IN THIS SPACE**

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 Barbara Withrow

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President - VITO
Jack P. Withrow
2482 Shelby Circle
Kissimmee, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400021020214
06/23/03--01056--005 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Jack P. Withrow
2482 Shelby Circle
Kissimmee, FL 34744

TITLE
NAME
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack P. Withrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/03

Date

407-908-1080

Daytime Phone #

CR2E034B (12/02)