

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90072 012 \*\*\*158.75

**DOCUMENT # P96000089935**

1. Entity Name  
**PLANET TOUR, INC.**

Principal Place of Business 5850 LAKEHURST DRIVE SUITE 270-3 ORLANDO FL 32819 US	Mailing Address 5850 LAKEHURST DRIVE SUITE 270-3 ORLANDO FL 32819-8968 US
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2. Principal Place of Business <b>6201 DARTMOOR CT</b> Suite, Apt. #, etc.	3. Mailing Address <b>6201 DARTMOOR CT</b> Suite, Apt. #, etc.
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City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>	4. FEI Number <b>59-3415475</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>32819-4833</b>	Country <b>ORANGE</b>	Zip <b>32819-4833</b>	Country <b>ORANGE</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>RAMOS, JOSE L</b> <b>5381-B HOFFNER AVE</b> <b>ORLNADO FL 32812</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HACKRADT, TANIA</b> <b>6201 DARTMOOR COURT</b> <b>ORLANDO FL 32819-4833</b> <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	<b>ST</b> <b>SGAMBATTI, SIDNEY P</b> <b>6201 DARTMOOR COURT</b> <b>ORLANDO FL 32819-4833</b> <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	<b>TS</b> <b>SGAMBATTI, SIDNEY P</b> <b>6201 DARTMOOR COURT</b> <b>ORLANDO FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ Date: **03/09/2000** Daytime Phone #: **(407) 421-4571**

CR2E034 (9/99)