

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0481413

DOCUMENT # P96000089935

1. Entity Name
PLANET TOUR, INC.

04-04-2001 90112 048 ***158.75

Principal Place of Business

**6201 DARTMOOR CT
 ORLANDO FL 32819-4833
 US**

Mailing Address

**6201 DARTMOOR CT
 ORLANDO FL 32819-4833
 US**

2. Principal Place of Business

5850 LAKEHURST DR

3. Mailing Address

6201 DARTMOOR CT

Suite, Apt. #, etc.

ST. 270-3

Suite, Apt. #, etc.

City & State

ORLANDO - FL

City & State

ORLANDO - FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3415475

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, JOSE L
 5381-B HOFFNER AVE
 ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ DATE _____
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.
 (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	P	<input type="checkbox"/> Delete
NAME	HACKRADT, TANIA	
STREET ADDRESS	6201 DARTMOOR COURT	
CITY-ST-ZIP	ORLANDO FL 32819-4833	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SGAMBATTI, SIDNEY P	
STREET ADDRESS	6201 DARTMOOR COURT	
CITY-ST-ZIP	ORLANDO FL 32819-4833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Tania Hackradt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/2001

Date

(407) 421-4677

Daytime Phone #

CR2E034 (10/00)