

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90070 044 ***150.00

DOCUMENT # V56089

1. Entity Name

JACK OF SPADES TOURS, INC.

Principal Place of Business

OUR NEW ADDRESS
~~235 S. MAITLAND AVE STE-212~~
1626 HILLCREST ST.
ORLANDO, FL 32803
PH: 407-896-3300
TOLL FREE: 800-760-6777
FAX: 407-896-8006

Mailing Address

OUR NEW ADDRESS
~~235 S. MAITLAND AVE STE-212~~
1626 HILLCREST ST.
ORLANDO, FL 32803
PH: 407-896-3300
TOLL FREE: 800-760-6777
FAX: 407-896-8006

2. Principal Place of Business

1626 HILLCREST STREET

Mailing Address

1626 HILLCREST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3185501

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, SAMUEL P.
111 RAYMOND OAKS COURT
ALTAMONTE SPRINGS FL 32779

Name

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

City

FL

Zip Code

32701

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

SAMUEL P. GOLDSTEIN
Samuel P. Goldstein

Z. Mawood

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

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	GOLDSTEIN, SAMUEL P.	111 RAYMOND OAKS COURT	ALTAMONTE SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SAMUEL P. GOLDSTEIN
Samuel P. Goldstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Z. Mawood

Date

407-896-3300

Daytime Phone #

CR2E034 (9/99)