

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000249

1. Entity Name

TOURIST TIPS TRANSPORTATION, LTD.

Principal Place of Business

8505 W. IRLO BRONSON MEMORIAL
KISSIMMEE FL 34747

Mailing Address

8505 W. IRLO BRONSON MEMORIAL
KISSIMMEE FL 34747-8206

FILED

00 MAR 10 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3488019

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.7
Fee R

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWER, BRIAN T ESO.

8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34747

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO D
SEE REVERSE SIDE FOR FEE

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000100984
NAME TRANSIT SOLUTIONS, INC.
STREET ADDRESS 3907 KIAWA DRIVE
CITY - ST - ZIP ORLANDO FL 32837

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
Pete Kane

2/7/00

(407) 855-1011

Date

Daytime