

2001 UNIFORM BUSINESS REPORT (UBR)

0012873 AF

DOCUMENT # A98000000249

1. Entity Name
TOURIST TIPS TRANSPORTATION, LTD.

FILED
01 APR -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8505 W. IRLO BRONSON MEMORIAL
KISSIMMEE FL 34747**

Mailing Address
**8505 W. IRLO BRONSON MEMORIAL
KISSIMMEE FL 34747**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

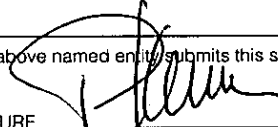
City & State
Zip Country

4. FEI Number **59-3488019** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOWER, BRIAN T ESQ.
8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34747**

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 **3/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	2000003961432--4
CITY-ST-ZIP	-04/05/01--01094--027
	****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 the information 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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Pete Kane** SIGNATURE REQUIRED
Date **2/1/01** Daytime Phone # **(407) 859-2007**

CR2E003 (11/00)