

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90091 043 ***150.00

DOCUMENT # J59152

1. Entity Name

TOKEN TOURS INC.

Principal Place of Business

Mailing Address

1505 W LANDSTREET RD
 ORLANDO FL 32824

1505 W LANDSTREET RD
 ORLANDO FL 32824-8063
 US

2. Principal Place of Business

5850 LAKEHURST DR

3. Mailing Address

5850 LAKEHURST DR

Suite, Apt. #, etc.

Suite 250-5

Suite, Apt. #, etc.

Suite 250-5

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. FEI Number

59-2802244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, CARLOS
1505 W LANDSTREET RD
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

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

5850 Lake Hurst Dr Suite 250-5

City **ORLANDO**

FL

Zip Code **32819**

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. 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

TITLE **PDS** ☐ Delete
 NAME **LOPEZ, CARLOS**
 STREET ADDRESS **5017 RUBAN AVE.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VT** ☐ Delete
 NAME **LOPEZ, CARLOS**
 STREET ADDRESS **5017 DUBAN AVE.**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-370-4686

CR2E034 (9/99)