2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90807 May 05, 2000 8:00 am Secretary of State 1. Entity Name CENTRAL FLORIDA TAXI & TOUR, INC. 05-05-2000 90093 028 ***150.00 Principal Place of Business Mailing Address 9712 SOUTH ORANGE AVENUE 9712 SOUTH ORANGE AVENUE ORLANDO FL 32824 ORLANDO FL 32824-7211 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2842287 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAGRUDER, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 1639 ENSENADA DRIVE ORLANDO FL 32825 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) . Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSTD Change ☐ Addition TITLE TITLE **X** Delete MAGRUDER, ROBERT C. S. NAME NAME STREET ADDRESS 1639 ENSENADA DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE Trobert c. magrider, Jr. 988 Little Creek rd MAGRUDER, ROBERT C. JR NAME 988 LITTLE CREEK RD STREET ADDRESS STREET ADDRESS Orlando, FL 32825 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE Brenda L. Magrider 988 Little Creek ed NAME NAME STREET ADDRESS STREET ADDRESS Orlando Fr 32825 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

Magrider Jr. 4/25/00