

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90455 002 ****50.00

DOCUMENT # L01000009597

1. Entity Name

TROLLEY BOATS AMPHIBIOUS TOURS, LLC

Principal Place of Business

682 SOUTH YOUNG ST.
 DAYTONA BEACH FL 32174

Mailing Address

682 SOUTH YOUNG ST.
 DAYTONA BEACH FL 32174

2. Principal Place of Business
 400 Parque Dr.

Suite, Apt. #, etc.

Suite 3

City & State
 Ormond Beach, Fl.

Zip
 32174

Country
 USA

3. Mailing Address

400 Parque Dr.

Suite, Apt. #, etc.

Suite #3

City & State
 Ormond Beach, Fl.

Zip
 32174

Country
 USA

4. FEI Number

NOT APPLICABLE *

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDMAN, DONALD R

528 S. Beach St.
Ormond Beach, Fl.
32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR.**
 STREET ADDRESS **DONALD REDMAN**
 CITY-ST-ZIP **528 S. BEACH ST.**

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

TITLE ☐ Delete
 NAME **ORMOND BEACH, FL 32174**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **DONALD R. REDMAN, REGISTERED AGENT**

4/22/02

(386) 677-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)