

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91819 001 ***100.00

DOCUMENT # L01000009597

1. Entity Name

TROLLEY BOATS AMPHIBIOUS TOURS, LLC



Principal Place of Business

400 PARQUE DR
STE 3
DAYTONA BEACH FL 32174
*406 Walker St.
Holly Hill FL
32117*

Mailing Address

400 PARQUE DR
STE 3
DAYTONA BEACH FL 32174
*406 Walker St.
Holly Hill, FL
32117*

2. Principal Place of Business

406 Walker St.

Suite, Apt. #, etc.

3. Mailing Address

406 Walker St.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Holly Hill FL

City & State
Holly Hill FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
32117

Country
USA

Zip
32117

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REDMAN, DONALD R
682 SOUTH YOUNG ST.
DAYTONA BEACH FL 32174**

7. Name and Address of New Registered Agent

Name
Donald R. Redman

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

528 S. Beach St.

City
Ormond Beach

FL

Zip Code
32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald R. Redman

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

(NOTE: Registered Agent signature required when reinstating)

3/27/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR *Redman*
REOMAN, DONALD
528 S DEACH STREET
ORMOND BEACH FL 32174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Donald Redman
528 S. Beach St.
Ormond Beach FL 32174

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Business MGR.
Chris Redman
528 S. Beach St.
Ormond Beach FL 32174

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

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

3/27/03

Date

386 238-3499

Daytime Phone #

CR2E083 (10/02)