

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91361 033 ***158.75

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DOCUMENT # P00000006983

1. Entity Name

SUN LEO FLORIDA TRANSPORTATION & TOURS, INC.



Principal Place of Business
339 SANDPIPER RIDGE DR.
ORLANDO FL 33487

Mailing Address
339 SANDPIPER RIDGE DR.
ORLANDO FL 33487



2. Principal Place of Business

1607 Eastern Ave

3. Mailing Address

1607 Eastern Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud

City & State

St. Cloud

4. FEI Number

59-3599039

Applied For

Not Applicable

Zip

34769

Country

U.S.

Zip

34769

Country

U.S.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAMPERSAUD, PRADEEP
339 SANDPIPER RIDGE DR.
ORLANDO FL 33487

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

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RAMPERSAUD, PRADEEP
STREET ADDRESS 339 SANDPIPER RIDGE DR.
CITY-ST-ZIP ORLANDO FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Rampersaud Pradeep
STREET ADDRESS 1607 Eastern Ave
CITY-ST-ZIP St. Cloud FL 34769 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pradeep Rampersaud*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03 321-436-3902
Date Daytime Phone #

CR2E034 (10/02)