

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075357

1. Entity Name
TAMPA BAY TRANSPORTATION AND TOURS INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91109 040 ***150.00

Principal Place of Business

742 THIRD AVE. SW
LARGO FL 33770

Mailing Address

742 THIRD AVE. SW
LARGO FL 33770

2. Principal Place of Business

801 W. Bay Drive

3. Mailing Address

801 W. Bay Drive

Suite, Apt. #, etc.

Suite 423

Suite, Apt. #, etc.

Suite 423

City & State

LARGO

City & State

LARGO

Zip

33770

Country

USA

Zip

33770

Country

USA

4. FEI Number

59-3676237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULLOA, VICTOR M
1364 OVERLEA ST.
CLEARWATER FL 33770

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ULLOA, VICTOR
STREET ADDRESS 1364 OVERLEA ST.
CITY-ST-ZIP CLEARWATER FL 34615

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

TITLE VD ☐ Delete
NAME FONTANALS, LIDIA S
STREET ADDRESS 15096 SW 104TH ST., APT. 1102
CITY-ST-ZIP MIAMI FL 33196

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

TITLE SD ☐ Delete
NAME DILLON, PATRICIO G
STREET ADDRESS 14342 SW 159TH ST.
CITY-ST-ZIP MIAMI FL 33177

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)