2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

BRINTED NAME OF SIGNING O

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State P00000075357 DOCUMENT # 1. Entity Name 04-17-2002 90005 025 ***150.00 TAMPA BAY TRANSPORTATION AND TOURS INC. Principal Place of Business Mailing Address 801 W BAY DRIVE 801 W BAY DRIVE STE 423 STE 423 LARGO FL 33770 LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3676237 Not Applicable Country Country \$8.75 Additional 5: Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ULLOA, VICTOR M Street Address (P.O. Box Number is Not Acceptable) 1364 OVERLEA ST. CLEARWATER FL 33770 City 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 \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ULLOA, VICTOR NAME NAME STREET ADDRESS 1364 OVERLEA ST. STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34615** CITY-ST-ZIP TITLE Delete TITLE NAME FONTANALS, LIDIA S NAME 15096 SW 104TH ST., APT. 1102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** ☐ Delete TITLE SD DILLON POTRICIO G. ☐ Addition NAME DILLON, PATRICIO G NAME 1 WINDRUSH Blud # 78 STREET ADDRESS 14342 SW 159TH ST. STREET ADDRESS INDIAN ROCKS BEACH - FL - 33785 CITY-ST-7IP MIAMI FL 33177 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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