

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033674

1. Entity Name  
ORLANDO GHOST TOURS, INC.

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90139 007 \*\*\*150.00

Principal Place of Business

1106 NEW HAMPSHIRE ST  
ORLANDO FL 32804

Mailing Address

1106 NEW HAMPSHIRE ST  
ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2528 Robert Trent Jones Drive

3. Mailing Address

2528 Robert Trent Jones Drive

Suite, Apt. #, etc.

Apt. # 1612

Suite, Apt. #, etc.

Apt. 1612

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

593713734

Applied For

Not Applicable

Zip

32835

Country

U.S.A.

Zip

32835

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTH, JACK

1106 NEW HAMPSHIRE ST  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

Emilio P. San Martin

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

2528 Robert Trent Jones Drive

Apt. # 1612

City

Orlando

FL

Zip Code

32835

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 *Emilio P. San Martin*  
Signature, typed or printed name of registered agent and title if applicable.

Emilio P. San Martin

(NOTE: Registered Agent signature required when reinstating)

April 16<sup>th</sup>, 2002

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, 2002 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

TITLE ☒ Delete  
NAME President  
STREET ADDRESS Jack Roth  
CITY-ST-ZIP 1106 New Hampshire St.  
Orlando, Florida, 32804

TITLE ☐ Delete  
NAME Vice-President  
STREET ADDRESS Emilio P. San Martin  
CITY-ST-ZIP 2528 Robert Trent Jones Dr., Apt. # 1612  
Orlando, Florida, 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Emilio P. San Martin  
CITY-ST-ZIP 2528 Robert Trent Jones Dr., Apt. # 1612  
Orlando, Florida, 32835

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(l), 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

Emilio P. San Martin April 16<sup>th</sup>, 2002 (407) 423-5600

Date

Daytime Phone #

CR2E034 (9/01)