

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000059363
1. Entity Name
Orlando's Historic & Scenic Tour Company

FILED

02 DEC 20 AM 11:01

CLERK OF THE
TALLAHASSEE, FLORIDA

200009619932
12/20/02--01085--002 **150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>501 N. Orlando Ave.</u> Suite, Apt. #, etc. <u>Suite 313-157</u> City & State <u>Winter Park, FL</u> Zip <u>32789</u> Country <u>USA</u>		3. Mailing Address <u>← SAME</u> Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number <u>58-2628997</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Cassandra Mark</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>501 N. Orlando Ave.</u> <u>Suite 313-157</u>	
City <u>Winter Park</u>	FL Zip Code <u>32789</u>

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 Cassandra M. Mark Cassandra M. Mark 12/19/02
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. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/S/T</u> <u>Cassandra M. Mark</u> <u>501 N. Orlando Ave, Ste 313-157</u> <u>Winter Park, FL 32789</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div>PR 12/24</div> <div>DO NOT WRITE IN THIS SPACE</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>✓</u> <u>Garvin Mark</u> <u>501 N. Orlando Ave, Ste 313-157</u> <u>Winter Park, FL 32789</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cassandra M. Mark Cassandra M. Mark 12/19/02 407-294-0784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Orlando's Historic & Scenic Tour Company
501 N. Orlando Ave., Suite 313-157
Winter Park, Florida 32789
(407) 294-0784

December 19, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

VIA PRIORITY OVERNIGHT DELIVERY

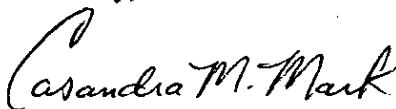
RE: 2002 Uniform Business Report

To Whom It May Concern:

I did not receive the 2002 Uniform Business Report for my corporation. I recently hired a Certified Public Accountant to handle my accounting and compliance needs. He discovered that my corporation was administratively dissolved due to failure to file the annual report. At his instruction, I have completed a blank Uniform Business Report in order to renew. A check in the amount of \$150.00 is enclosed. I request that you waive any late filing penalties, as I did not receive any notice from the Division of Corporations.

Please contact me if you have any questions or need additional information. Thank you for your assistance.

Sincerely,



Casandra M. Mark