

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91416 034 ***150.00

DOCUMENT # P02000008570

1. Entity Name
TOURIST TRANSPORTATION & TRAVEL, INC



Principal Place of Business
**4913 CASON COVE DR #234
ORLANDO FL 32811**

Mailing Address
**4913 CASON COVE DR #234
ORLANDO FL 32811**

2. Principal Place of Business
4913 CASON COVE DR.

3. Mailing Address
4913 CASON COVE DR.

Suite, Apt. #, etc.
233

Suite, Apt. #, etc.
233

City & State
ORLANDO FL.

City & State
ORLANDO FL.

Zip Country
32811

Zip Country
32811

4. FEI Number
01-0560855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FILHO, SERGIO SERRANO
4913 CASON COVE DR #234
ORLANDO FL 32811**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 **PD** ☐ Delete
NAME **FILHO, SERGIO SERRANO**
STREET ADDRESS **4913 CASON COVE DR #234**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **FILHO, SERGIO SERRANO**
STREET ADDRESS **4913 CASON COVE DR #233**
CITY-ST-ZIP **ORLANDO FL. 32811**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 407 257-7770
Date Daytime Phone #

CR2E034 (10/02)