

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90735 039 ***150.00

DOCUMENT # P93000070569

1. Entity Name
GOLD CASTLE TOURS AND TRANSPORTATION, INC.



Principal Place of Business
**4613 ETHANS GLENN AVENUE
ORLANDO FL 32812**

Mailing Address
**4613 ETHANS GLENN AVENUE
ORLANDO FL 32812**

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3205373**

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

**GARCIA, MARIO A
315 EAST ROBINSON ST. SUITE 160
ORLANDO FL 32801**

**ONLY ADDRESS
CHANGE TO:
1 SOUTH ORANGE AVE.
(SUITE 401)**

PHONE: (407) 447-9003

ORLANDO, FLORIDA 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D	<input type="checkbox"/> Delete
NAME	RUIZ, MARTHA E	
STREET ADDRESS	4613 ETHANS GLENN	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, JOSE O	
STREET ADDRESS	4613 ETHANS GLENN	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the empowered.

SIGNATURE: MARTHA E. RUIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 11, 2003 (407) 275-9434

Date

Daytime Phone #

CR2E034 (10/02)