

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072155

1. Entity Name

COAST TO COAST TOURS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90208 046 ***158.75

0067580

Principal Place of Business

7040 LAKE ELLENOR DRIVE
SUITE #122
ORLANDO FL 32809-5750
US

Mailing Address

7040 LAKE ELLENOR DRIVE
SUITE #122
ORLANDO FL 32809-5750
US

755304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7040 LAKE ELENOR DRIVE

3. Mailing Address

7040 LAKE ELLENOR DRIVE

Suite, Apt. #, etc.

SUITE # 105

Suite, Apt. #, etc.

SUITE # 105

City & State

ORLANDO = FLORIDA

City & State

ORLANDO = FLORIDA

4. FEI Number

59-3273720

Applied For

Not Applicable

Zip

32809-5764

Country

U.S.A.

Zip

32809-5764

Country

U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPANO, SOLEDAD
7719 PINE VISTA COURT
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32819-7106

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)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	CAMPANO, SOLEDAD	
STREET ADDRESS	7719 PINE VISTA COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDRADE, LUIZ JOSE	
STREET ADDRESS	7719 PINE VISTA COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32819-7106	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32819-7106	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SOLEDAD CAMPANO = PRESIDENT

APRIL, 27th 2001 [407] 888-3188

Date

Daytime Phone #

CR2E034 (10/00)