

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 012 ***150.00

DOCUMENT # P96000051449

1. Entity Name

O.T.T TOURS & TRANSPORTATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5286 CORAL COURT

3. Mailing Address

5286 CORAL COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO - FLORIDA

City & State

ORLANDO - FLORIDA

4. FEI Number

59-3385841

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip

Country

USA

Zip

Country

USA

7. Name and Address of Current Registered Agent

Name

SIMAS, MARIO JR.

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

5286 CORAL COURT

City

ORLANDO

FL

Zip Code

32811

DO NOT WRITE IN THIS SPACE

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) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

PVST
SIMAS, MARIO JR
5286 CORAL COURT
ORLANDO FL 32811

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Simas Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02

Date

Daytime Phone #

407-468-4937

CR20034B (12/01)

DO NOT WRITE IN THIS SPACE