

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90874 032 \*\*\*150.00

**DOCUMENT # P97000047332**

1. Entity Name

**GOLDEN COAST TOUR SERVICES INC.**

Principal Place of Business

771 S KIRKLAND RD STE 106  
 SUITE 106  
 ORLANDO FL 32811  
 US

Mailing Address

771 S KIRKLAND RD STE 106  
 SUITE 106  
 ORLANDO FL 32811  
 US

2. Principal Place of Business

**3121 KOVAL CT**

3. Mailing Address

**3121 KOVAL CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando Florida**

City & State

**Orlando Florida**

Zip

**32837**

Country

**U-S-A**

Zip

**32837**

Country

**U-S-A**

4. FEI Number

**59-3470160**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RANGEL, GUSTAVO B**  
**771 S. KIRKMAN RD.**  
**SUITE 106**  
**ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

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

**3121 KOVAL CT**

City

**Orlando**

**FL**

Zip Code

**32837**

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, 2002 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** ☐ Delete  
 NAME **RANGEL, GUSTAVO B**  
 STREET ADDRESS **771 S. KIRKMAN RD. SUITE 106**  
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3121 KOVAL CT**  
 CITY-ST-ZIP **Orlando Florida 32837**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/02**

**407.857-3344**

CR2E034 (9/01)