

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90853 002 ***150.00

DOCUMENT # P99000050119

1. Entity Name
CITY TOURS ORLANDO, INC.



Principal Place of Business
**737 WEST OAK RIDGE ROAD
ORLANDO FL 32809**

Mailing Address
**737 WEST OAK RIDGE ROAD
ORLANDO FL 32809**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3659496**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, RAYMOND
737 WEST OAK RIDGE ROAD
ORLANDO FL 32809**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
THOMAS, RAYMOND
26A OAK ST.
E. RUTHERFORD NJ 07073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**299 MURRAY Hill PARKWAY
E. RUTHERFORD, N.J. 07073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
HECKMANN, RAYMOND
737 WEST OAK RIDGE ROAD
ORLANDO FL 32809 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
HECKMANN, DAVID
737 WEST OAK RIDGE ROAD
ORLANDO FL 32809 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
THOMAS, GUSTAVO
26A OAK ST
E. RUTHERFORD NJ 07073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**299 MURRAY Hill PARKWAY
E. RUTHERFORD, N.J. 07073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
THOMAS, ERIC
26A OAK ST
E. RUTHERFORD NJ 07073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**299 MURRAY Hill PARKWAY
E. RUTHERFORD, N.J. 07073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE RAYMOND HECKMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03
Date

407-859-5712
Daytime Phone #

CR2E034 (10/02)