2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P990000 68 187 1. Entity Name Octoredo Advanture Tours, Inc. FILED 01 FEB -7 AM 9: 22 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 5479 VINELOND Rd. #9103 Ocharlo. Florado 32811 2. Principal Place of Business 3. Mailing Address 5479 VINE Dud Rd Suite, Apt. #, etc. City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAUREN LOZONO 5479 Unelord Rd-#9103 Street Address (P.O. Box Number is Not Acceptable) Octordo, Florido 32811 City Zip Code 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE . agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PALSICIENT Change TITLE TITLE ☐ Delete Spuren Lozono syng Unreload RO # 9103 NAME NAME -02/20/01--01067--017 STREET ADDRESS STREET ADDRESS \*\*\*\*300.00 `\*\*\*\*300**.**00 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ZIP CITY-ST-ZIP TITLE ☐ Delete TITS F ☐ Change ☐ Addition NAME \_; NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 traspect movement to the receiver or traspect movement to the corporation or an attachment with an address with a fixed ress.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

407-996-786V

## Orlando Adventure Tours, Inc.

5479 Vineland Road. Suite 9103 Orlando, Florida 32811 Tel. 407-996-7862

January 16, 2001

Florida Department of State Division of Corporations

Re: Document # P99000068187

Enclosed please find check number 1011 for \$150.00 dated 01/16/01 of Orlando Adventure Tours, Inc. We have not received the annual report as of today January 16, 2001. Please verify that the address should read as follows:

Flease verify that the address should read as for

Orlando Adventures Tours, Inc 5479 Vineland Rd. Suite 9103 Orlando, Florida 32811

There is no other changes in the corporation papers other than the address. Please make the necessary adjustments accordingly.

Sincerely,

∕avier Lozano⁄