## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000073896 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name LAND AND SEA TOURS, INC. 09-11-2000 90005 013 \*\*\*150.00 Principal Place of Business Mailing Address 2070 S. ORANGE BLOSSOM TR. 2070 S. ORANGE BLOSSOM TR. APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Zip Country 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 SERAFINE, LISA Street Address (P.O. Box Number is Not Acceptable) 2070 S. ORANGE BLOSSOM TR. APOPKA FL 32703 Zip Code FL 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) CATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. 12. ☐ Addition TITLE TITLE ☐ Delete SERAFINE, LISA NAME NAME 2070 S. ORANGE BLOSSOM TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 Change ☐ Addition TITLE ☐ Delete TITLE SMITH, JOAN NAME NAME 2070 S. ORANGE BLOSSOM TR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP APOPKA FL 32703 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

A0075888

September 6, 2000

Florida Department of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

Re: #P9900073896 Annual Report

To Whom It May Concern:

Enclosed is money order in the amount of \$150.00 for our annual filing fee. I am of hopes that this amount will be accepted, as through no fault of ours is this late filing. I never received the 2000 profit Corporation Annual Report Packet and just this past week received the 2000 Uniform Business Report. I filed in a timely manner for 1999 as I received the packet in which to do so. I don't know if the packet was lost in the mail, never delivered or what. We are a very small newly formed company and such a large penalty for filing late would put a hurt to our small budget.

I wish to thank you in advance for your consideration and understanding.

Sincerely:

Lisa J. Serafine