

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90396 041 \*\*\*150.00

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**DOCUMENT # P99000102161**

1. Entity Name  
**TRANQUILITY BALLOON RIDES, INC.**



Principal Place of Business  
**6101 JOHNS RD., STE. 4  
TAMPA FL 33634**

Mailing Address  
**6101 JOHNS RD., STE. 4  
TAMPA FL 33634**

2. Principal Place of Business  
**15425 Brushwood Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**15425 Brushwood Dr.**  
Suite, Apt. #, etc.

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

4. FEI Number  
**59-3612098**

Applied For  
Not Applicable

Zip  
**33624**

Country  
**USA**

Zip  
**33624**

Country  
**USA**

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

**YORK, JILL**  
**6101 JOHNS RD., STE. 4**  
**TAMPA FL 33634**

Name  
**York, Edgar**  
Street Address (P.O. Box Number is Not Acceptable)  
**15425 Brushwood Dr**  
City  
**TAMPA** FL Zip Code  
**33624**

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 *Edgar York*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/28/03**  
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  
**S**  
**YORK, JILL**  
**6101 JOHNS RD., STE. 4**  
**TAMPA FL 33634** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**YORK, EDGAR**  
**6101 JOHNS RD., STE. 4**  
**TAMPA FL 33634** ☐ Delete

TITLE  
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☐ 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:

*Edgar York*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**  
Date

**813-245-4268**  
Daytime Phone #

CR2E034 (10/02)