

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V05733** ✓

1. Entity Name

ESPRIT TOUR & TRAVEL CORP.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90428 030 ***158.75

Principal Place of Business

Mailing Address

7226 W. Colonial Dr. # 248
Orlando, FL. 32818-6731

00000 -

2. Principal Place of Business

3. Mailing Address

7226 W. Colonial Dr.

Suite, Apt. #, etc.

248

Orlando, FL.

USA

Orlando, FL.

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4. FEI Number

593100459

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPRIT TOUR & TRAVEL CORP.
6000 S. Rio Grande St. #203B
Orlando, FL. 32809

Name
ESPRIT TOUR & TRAVEL CORP.

Street Address (P.O. Box Number is Not Acceptable)
7226 W. Colonial Dr. #248

City
Orlando

State
FL

Zip Code
32818-6731

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 **Monique Ashbrook - MONIQUE ASHBROOK - PRESIDENT - 4/28/00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MONIQUE ASHBROOK ☐ Delete
PRESIDENT
7226 W. Colonial Dr. #248
Orlando, FL. 32818-6731

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 407-298-2898

CR2E034 (9/99)