

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

06-07-2000 90428 030 \*\*\*158.75

DOCUMENT # V05733 ✓  
 1. Entity Name  
ESPRIT TOUR & TRAVEL CORP.

Principal Place of Business Mailing Address  
7226 W. Colonial Dr. # 248  
Orlando, FL. 32818-6731

2. Principal Place of Business 3. Mailing Address  
7226 W. Colonial Dr.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
248  
 City & State City & State  
Orlando, FL.  
 Zip Country Zip Country  
USA

4. FEI Number Applied For  
593100459 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  
ESPRIT TOUR & TRAVEL CORP.  
6000 S. Rio Grande St # 203B  
Orlando, FL. 32809

7. Name and Address of New Registered Agent  
 Name ESPRIT TOUR & TRAVEL CORP.  
 Street Address (P.O. Box Number is Not Acceptable) 7226 W. Colonial Dr # 248  
 City Orlando 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MONIQUE ASHBROOK</u> <input type="checkbox"/> Delete <u>PRESIDENT</u> <u>7226 W. Colonial Dr. # 248</u> <u>Orlando, FL. 32818-6731</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Monique Ashbrook 4/28/00 407-298-2898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)