

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90221 048 \*\*\*150.00

**DOCUMENT # V56089**

1. Entity Name

**JACK OF SPADES TOURS, INC.**

Principal Place of Business

1626 HILLCREST ST.  
 ORLANDO FL 32803  
 US

Mailing Address

**JACK OF SPADES TOURS INC.**  
 1626 HILLCREST ST.  
 ORLANDO FL 32803  
 US **225 S SWOOPE AVE STE 107**  
**MAITLAND, FL 32751**

2. Principal Place of Business

**225 S. Swoope Ave.**

3. Mailing Address

**225 S. Swoope Ave.**

Suite, Apt. #, etc.

**Suite 107**

Suite, Apt. #, etc.

**Suite 107**

City & State

**Maitland, Florida**

City & State

**Maitland, Florida**

Zip

**32751-5786**

Country

**Orange**

Zip

**32751-5786**

Country

**Orange**

4. FEI Number

**59-3185501**

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

**GOLDSTEIN, SAMUEL P.**  
**111 RAYMOND OAKS COURT**  
**ALTAMONTE SPRINGS FL 32779**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

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, 2001 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 **D** ☐ Delete  
 NAME **GOLDSTEIN, SAMUEL P.**  
 STREET ADDRESS **111 RAYMOND OAKS COURT**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **32701**

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

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

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)