

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90326 022 ***150.00

DOCUMENT # P96000025084

1. Entity Name
SUNWARD TOURS, INC.

Principal Place of Business

**2755 N BANANA RIVER DR
D
MERRITT ISLAND FL 32952
US**

Mailing Address

**C/O R.L. FELDMAN . ESQUIRE
300 SEVILLE AVE STE 305
CORAL GABLES FL 33134
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o R L Feldman, Esq.

Suite, Apt. #, etc.

8900 SW 107 Ave., Suite 203

City & State

Miami FL

Zip

33176

Country

USA

4. FEI Number

59-3368484

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

**FELDMAN, ROBERT L
300 SEVILLA AVE STE 305
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **FELDMAN, ROBERT L**

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

8900 SW 107 AVE

Suite 203

City **Miami**

FL 33176

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 *Robert L. Feldman*
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, 2002 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 **DP** ☐ Delete
NAME **BODCHON, DAVID S**
STREET ADDRESS **2290 JASON STREET**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **DVST** ☐ Delete
NAME **BODCHON, MARGARET D**
STREET ADDRESS **2290 JASON STREET**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

DAVID S. Bodchon 4/5/02

321-453-0704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)