2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE;

AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # 677209 1. Entity Name ELITE TOURS, INC. 04-20-2001 90182 033 ***150.00 Principal Place of Business Mailing Address 3668 E. VALLEY GREEN DR. 3668 E. VALLEY GREEN DR. DAVIE FL 33328 DAVIE FL 33328 . y. . . y. . X 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2031915 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - Name 🚽 🚐 MCLEOD, RHONDA Street Address (P.O. Box Number is Not Acceptable) 3668 E. VALLEY GREEN DR. DAVIE FL 33328 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE **PDST** Delete TITLE NAME NAME MCLEOD, RHONDA STREET ADDRESS STREET ADDRESS 3668 E. VALLEY GREEN DR. CITY-ST-ZIP CITY-ST-7IP DAVIE FL 33328 Addition ☐ Change ☐ Delete TITLE TITLE NAME MCCARL CHRISTOPHER STREET ADDRESS STREET ADDRESS 3668 E. VALLEY GREEN DR. CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33328** Change ☐ Addition TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 of the receiver or trusted 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 expowered.