

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90082 003 ***150.00

DOCUMENT # F02000005933

1. Entity Name

FLORIDA TOURIST INFORMATION BUREAU, INC.



Principal Place of Business
1980 N. ATLANTIC AVE. #630
COCOA BEACH FL 32931

Mailing Address
1980 N. ATLANTIC AVE. #630
COCOA BEACH FL 32931



2. Principal Place of Business
1980 N. ATLANTIC

3. Mailing Address
779 E. M.I. CAUSEWAY

Suite, Apt. #, etc.
620

Suite, Apt. #, etc.
570

City & State
Cocoa Bch. FL

City & State
M.I. FLA

4. FEI Number
83-0339522

Applied For
Not Applicable

Zip
32931

Country
USA

Zip
32952

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD E. TORPY P.A.
202 N. HARBOR CITY BLVD., SUITE 200
MELBOURNE FL 32835

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CHAPMAN, JANET
1980 N. ATLANTIC AVE., #630
COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
JANET CHAPMAN
779 E. MERRITT ISLAND CAUSEWAY #570
MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROWLEY, DEREK
350 S. CENTER STREET
RENO NV 89501-2161

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

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANET CHAPMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03 - 321-43-1275

Date

Daytime Phone #

CR2E034 (10/02)