2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90045 042 ***150.00

DOCUMENT # F12087

1. Entity Name
CERTIFIED TOURS, INC.

Principal Place of Business	Mailing Address
110 E BROWARD BLVD	110 E BROWARD BLVD
P.O. BOX 1525	P.O. BOX 1525
FT. LAUDERDALE FL 33301	FT. LAUDERDALE FL 33301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2074101 — Applied For / Not Applicable

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
C/O TRIPP, SCOTT C	Name
SMITH, DENNIS DUSTIN	Street Address (P.O. Box Number is Not Acceptable)
110 SE 6TH STREET 28TH FLOOR	
FT. LAUDERDALE FL 33301	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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EGAN, MICHAEL S	NAME	
STREET ADDRESS	110 E BROWARD BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLEN, CELESTE	NAME	
STREET ADDRESS	110 BROWARD BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	PD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MOONEY, JOHN T	NAME	
STREET ADDRESS	110 EAST BROWARD BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRIPP, NORMAN D	NAME	
STREET ADDRESS	110 S.E. 6TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KELLY, WILLIAM H JR	NAME	
STREET ADDRESS	55 EAST MONROE ST. STE. 4620	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	CITY-ST-ZIP	
TITLE	ASD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ARTHUR, ROSALIE V	NAME	
STREET ADDRESS	110 E BROWARD BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	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: SIGNATURE REQUIRED Celeste V. Allen 2/5/02 954.522-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TREASURER — Date — Daytime Phone #

CR2E034 (9/01)