## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## F66655 **DOCUMENT #**

1. Entity Name

BRITISH TOURIST INC



**FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90246 047 \*\*\*150.00

	BRITISH TOURIST, INC.								
Principal Place of Business  902 LAKE WELLINGTON DR  WELLINGTON FL 33414  US  Mailing Address  902 LAKE WELLINGTON DR  WELLINGTON FL 33414  US ,			ì					### ##################################	
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suit			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
te	City 8	City & State			4. FEI Number 59-2208286		_ <del></del>	plied For	
Country	Zip		try ~~··	5 Cartificate of Status Desired - \$8.75 Addition			t Applicable itional		
6 Name and Address of Current	Penisteren	1 Agent			7		<u> </u>	<u></u>	
6. Name and Address of Current Registered Agent				Name		Maine and Address of New Regigiered Age	<del></del>		
HAYES, MICHAEL				12					
902 LAKE WELLINGTON DR				—Street Address.	(P.OE	Box-Number is:Not Acceptable)			
				City		FL	Zip Code	;	
	or the purpo	se of changing its re	egistere	ed office or registe	red ag	gent, or both, in the State of Florida. I am fam	iliar with,	and accept	
Signature, typed or printed name of registered agent	and title if applic	cable (NOTE: F	Registered	d Agent signature require	d when r	reinstating) DATE			
U E NOWUL EEE IS \$150.00	· 1					T			
r May 1, 2003 Fee will be \$550.00	f State					9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
OFFICERS AND DIRECTORS			11.	1.			RECTORS	IN 11	
PD HAYES, MICHAEL 902 LAKE WELLINGTON DR WELLINGTON FL		☐ Delete	NAME STREE	ET ADDRESS		to the second se		Addition	
TD HAYES, JUANA VICTORIA 902 WELLINGTON DR WELLINGTON FL	ELLINGTON DR		NAME STREE	ET ADDRESS		☐ Change ☐ Additio			
VS HAYES, JUANA VICTORIA 902 WELLINGTON DR WELLINGTON FL	ž .	☐ Delete	NAME STREE	ET ADDRESS	·	-	·	Addition	
		☐ Delete	NAME STREE	ET ADORESS			] Change	Addition	
		□ Delete	STREE	T ADDRESS			Change	Addition	
		☐ Delete	STREE	T ADDRESS			Change	Addition	
	ELLINGTON DR FL 33414  Place of Business  #, etc.  te  Country  6. Name and Address of Current  IICHAEL WELLINGTON DR TON FL 33414  P named entity submits this statement for the statement of th	ELLINGTON DR FL 33414  Place of Business  3. Maili #, etc.  Country  5. Name and Address of Current Registered  Country  6. Name and Address of Current Registered  FICHAEL WELLINGTON DR FON FL 33414  Promoted entity submits this statement for the purpositions of registered agent.  Signature, typed or printed name of registered agent and title if applications of registered agent and title	ELLINGTON DR FL 33414  Place of Business  #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  IICHAEL  WELLINGTON DR FON FL 33414  Property of printed name of registered agent and title if applicable.  WELLINGTON DR FON FL 33414  Property of printed name of registered agent and title if applicable.  WELLINGTON DR FON FL 33414  Property of printed name of registered agent and title if applicable.  WELLINGTON DR FON FL 33414  Property of printed name of registered agent and title if applicable.  WELLINGTON DR FON FL 34414  Property of printed name of registered agent and title if applicable.  WELLINGTON DR FON FL 34414  Property of printed name of registered agent and title if applicable.  WELLINGTON DR FON FL 34414  Property of printed name of registered agent and title if applicable.  WELLINGTON DR FON FL 34414  WELLINGTON FL Delete  Delete  Delete  Delete  Delete  Delete	## Piace of Business   3. Mailing Address   ##, etc.   Sulte, Apt. #, etc.   ##, etc.   City & State	### Page 1   Page 2   Page 3   Page 3	Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Sireet Address (P.O.  BICHAEL  WELLINGTON DR  FON FL 33414  City  In any proper and side if appricable  (NOTE: Registered Aport signature required when side to price to the folial paper them to folial paper and side if appricable  (NOTE: Registered Aport signature required when side to price to the folial paper and side if appricable  (NOTE: Registered Aport signature required when side to price to the folial paper and side if appricable  (NOTE: Registered Aport signature required when side to price to the folial paper and side if appricable  (NOTE: Registered Aport signature required when side to price to the folial paper and side if appricable  (NOTE: Registered Aport signature required when side to price to the folial paper and side if appricable  (NOTE: Registered Aport signature required when side to price to the folial paper and side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature required when side if appricable  (NOTE: Registered Aport signature requir	## State of Business    3. Mailing Address   Suito Apt # occ   Check Here if Making C	# GENERAL PROPERTY OF THE PROP	

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 all other like empowered.

**SIGNATURE:** 

MUNITURING CHARELIANG - PRESIDENT