2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # J58510** 1. Entity Name WOODSTAR TOURS, INC. 04-19-2000 90105 005 ***150.00 Principal Place of Business Mailing Address % RANDALL M. EVANSON % RANDALL M. EVANSON 908 S. MASSACHUSETTS AVE 908 S. MASSACHUSETTS AVE LICTOR DELAND FL 32724 DELAND FL 32724-7022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2778804 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVANSON, RANDALL M. Street Address (P.O. Box Number is Not Acceptable) 908 S. MASSACHUSETTS AVENUE DELAND FL 32724 City 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE EVANSON, RANDALL M. NAME NAME STREET ADDRESS STREET ADDRESS 908 S MASSACHUSETTS AVE CITY-ST-7IP CITY-ST-ZIP DELAND FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

NAME

SIGNATURE: RANGE PROPERTY SIGNATURE AND TYPED OFFICE PROPERTY OF SIGNATURE OF SIGNA

CR2E034 (9/99)

Addition

☐ Addition

☐ Change

[7] Change