

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # J65350**1. Entity Name
TOUR RESOURCES INTERNATIONAL, INC.

Principal Place of Business

931 S FLORIDA AVE

LAKELAND

33803

FL

US

Mailing Address

931 S FLORIDA AVE

LAKELAND

33803

M

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3053008

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUNOZ RICHARD D
2335 GIB GALLOWAY ROAD

LAKELAND

33810

FL

7. Name and Address of New Registered Agent

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.

SIGNATURE **DEBRA D. MUNOZ****02/15/2001**

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, 2001 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 VPST ☐ Delete
NAME MUNOZ DEBRA MONNIER
STREET ADDRESS 2335 GIB GALLOWAY ROAD
CITY-ST-ZIP LAKELAND FL 33810TITLE V/T ☒ Change ☐ Addition
NAME MUNOZ DEBRA MONNIER
STREET ADDRESS 2335 GIB GALLOWAY ROAD
CITY-ST-ZIP LAKELAND FL 33810TITLE CPD ☐ Delete
NAME MUNOZ RICHARD DENNIS
STREET ADDRESS 2335 GIB GALLOWAY ROAD
CITY-ST-ZIP LAKELAND FL 33810TITLE P/S ☒ Change ☐ Addition
NAME MUNOZ RICHARD DENNIS
STREET ADDRESS 2335 GIB GALLOWAY ROAD
CITY-ST-ZIP LAKELAND FL 33810TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **DEBRA MUNOZ**

V/T

02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)