## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **L53652** SMALL WORLD TOURS AND TRAVEL, INC. 03-01-2001 90035 008 \*\*\*158.75 Principa! Place of Business Mailing Address 1950 LEE RD. 1950 LEE RD. STE. 104 STE. 104 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 225 CUNNINGHAM DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3031252 FL DAVENPORT Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3837 us Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACKEY, PHYLLIS GIETZE Street Address (P.O. Box Number is Not Acceptable) 225 CUNNINGHAM DR DAVENPORT FL 33837 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** Mav Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE OTHE Change Addition STVD ☐ Defete NAME NAME MACKEY, PHYLLIS G STREET ADDRESS STREET ADDRESS 225 CUNNINGHAM DR CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete TITLE Change | ☐ Addition TITLE NAME MACKEY, RICHARD M SR NAME STREET ADDRESS STREET ADDRESS 225 CUNNINGHAM DR CITY-ST-7IP CITY-ST-ZIP DAVENPORT FL 33837 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ACCURESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change Addition T:T:F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [ ] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-799 CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME 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 CITY-ST-ZIP

STREET ADDRESS

CHY-ST-7IP