2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90096 023 ***158.75

DOCUMENT # L53652

1. Entity Name
SMALL WORLD TOURS AND TRAVEL, INC.

Principal Place of Business	Mailing Address
1950 LEE RD. STE. 104 WINTER PARK FL 32789 US	225 CUNNINGHAM DRIVE DAVENPORT FL 33837 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
43352 Highway 27	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVENport FL	City & State:
Zip: 33837-8825 Country: Polk	Zip: Country:

4. FEI Number 59-3031252 ☐ 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
MACKEY, PHYLLIS GIETZEN 225 CUNNINGHAM DR DAVENPORT FL 33837	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 ______________________
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 NAME STREET ADDRESS CITY-ST-ZIP	STVD MACKEY, PHYLLIS G 225 CUNNINGHAM DR DAVENPORT FL 33837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKEY, RICHARD M SR 225 CUNNINGHAM DR DAVENPORT FL 33837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: Phyllis G Mackey Phyllis G Mackey 2-11-02 863-420-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #