

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-06-2003 90091 024 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L85069			
1. Entity Name PAC TOURS, INC.			
Principal Place of Business % RAINBOW TOURS 4035 37TH ST. CT. W. BRADENTON FL 34205		Mailing Address % RAINBOW TOURS 4035 37TH ST. CT. W. BRADENTON FL 34205	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0210794		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARTLETT, CHARLES J. 2033 MAIN ST SUITE 600 SARASOTA FL 34237		7. Name and Address of New Registered Agent Name BETTY J. ADAMS Street Address (P.O. Box Number is Not Acceptable) 4035 37TH ST. CT. W City BRADENTON FL Zip Code 34205	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Betty J. Adams</i> DATE 4-5-03 (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing ☐ \$5.00 May/Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMS, KENNETH 1855 YOSEMITE OKEMOS MI ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMS, BETTY J. 4035 37TH CT CIR W BRADENTON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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
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 an address, with all other like empowered.			
SIGNATURE: <i>Betty J. Adams</i> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date 4-5-03 Daytime Phone #	

CR2E034 (10/02)