

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90035 024 ***150.00

DOCUMENT # P00000057495

1. Entity Name
SUNTASTIC TOURS, INC.

Principal Place of Business
844 GROVE PARK DRIVE
DAVENPORT FL 33837

Mailing Address
844 GROVE PARK DRIVE
DAVENPORT FL 33837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3657588

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

HABER, LAWRENCE H
111 N. ORAGNE AVE., SUITE 1200
ORLANDO FL 32801

Name **MURRAY M. KRASNOFF**

Street Address (P.O. Box Number is Not Acceptable)
844 GROVE PARK DRIVE

City **DAVENPORT**

FL

Zip Code **33837**

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 **MURRAY M KRASNOFF**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when filing this statement)

9-6-01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **D KRASNOFF, MURRAY M**
STREET ADDRESS **844 GROVE PARK DRIVE**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MURRAY M. KRASNOFF

9-6-01

863-287-7939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (5/01)

Attachment

A0085377

Doc # P06000057495

TO WHOM IT MAY CONCERN,

9-6-01

I'M SENDING A CHECK OF \$150.00 FOR
MY 2001 UNIFORM BUSINESS REPORT FILING.
I CALLED THE TELEPHONE # ON THE FORM
SENT TO ME AND EXPLAINED THAT I NEVER
RECEIVED THE FIRST NOTICE. I WAS TOLD
TO FILL OUT THE FORM AND SUBMIT
IT WITH A CHECK FOR THE AMOUNT
STATED ABOVE.

PLEASE NOTIFY ME UPON RECEIVING
THE DOCUMENT AND PAYMENT.

YOURS TRULY

MR. MORRIS M. KRASNOFF
PRESIDENT / CEO
SUNTAISTIC TOURS, INC.
863-287-7939
844 GROVE PARK DR.
DAVENPORT FL.
33837