## **FILED** 2003 FOR PROFIT CORPORATION Mar 10, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR) P00000099559 DOCUMENT # 1. Entity Name 03-10-2003 90145 008 \*\*\*150.00 AFFORDABLE TOURS, INC. Principal Place of Business Mailing Address 3487 BOGGY CREEK RD 3487 BOGGY CREEK RD KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-3525146 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WU. KUANG L 3487 Boggy Neek Road Kissimmer. 76. 34744 Street Address (P.O. Box Number is Not Acceptable) 1495 E-WIND BLVD -KISSIMMEE FL 32746 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE TITLE ☐ Delete WU, KUANG L NAME NAME 1495 E WIND BLVD STREET ADDRESS STREET ADDRESS KISSIMMEE FL 32746 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete --atitle -- <del>-- -------</del>-- Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

Delete

☐ Delete

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE RECUIDED A
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered

3-6-03

(407) 962-4822

☐ Change

☐ Change

Change

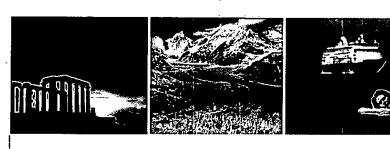
☐ Addition

☐ Addition

☐ Addition

Daytime Phone #

## Altachment D00000093559



SET YOUR OWN COURSE

Dear Sir or ma'Am:

3.6.03

Maybe I already send in one before. if so. please nature the check to the company, if Not. please

proceed. thank you!

(407) 908-2412.

Cug-L. In

YOU HAVEN'T LIVED UNTIL YOU'VE CRUISED