04/24/2002 22:49 7861832 ISACOWITZ

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90882 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100269

1. Entity Name

MANATEE TOURS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
220 B Commercial Blvd
Suite, Apt. #, etc.
City & State
Lauderdale By Sea FL
Zip 33308 Country

3. Mailing Address
4300 E. Tradewinds AVE
City & State
Lauderdale By Sea FL
Zip 33308 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1076373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name DAVID FISCHER
Street Address (P.O. Box Number is Not Acceptable)
4300 E Trade winds Ave
City Lauderdale By Sea 33308 FL Zip Code 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	DAVID FISCHER
STREET ADDRESS	4300 E Tradewinds Dr
CITY-ST-ZIP	Lauderdale By Sea FL 33308
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/97)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02 954-882-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #