FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 048 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100269

1. Entity Name
MANATEE TOURS, INC.

11034103

Principal Place of Business	Mailing Address
220 B COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308 US	4300 E. TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
220 B Commercial Blvd.	4300 E. Tradewinds Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERDALE-BY-The-Sea	City & State: LAUDERDALE-BY-The-Sea
Zip: 33308 Country: US	Zip: 33308 Country: US

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISCHER, DAVID C
4300 E. TRADEWINDS AVE
LAUDERDALE BY THE SEA, FL 33308

7. Name and Address of New Registered Agent

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. 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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PSTD FISCHER, DAVID C 4300 E. TRADEWINDS AVE LAUDERDALE BY THE SEA, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: DAVID C. FISCHER 4/28/03 954-882-5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #