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03 MAR 18 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088340

1. Entity Name
AJ TOURS, INC.

Principal Place of Business	Mailing Address
6509 GAMBLE DR ORLANDO, FL 32818	6509 GAMBLE DR ORLANDO, FL 32818

2. Principal Place of Business	3. Mailing Address
625 E. Colonial DR.	625 E. Colonial DR.
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State Orlando	City & State Orlando
Zip FL Country Orange	Zip 32803 Country Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3748703 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GAUNTLET, JAMES
6509 GAMBLE DR
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name James Gauntlett
Street Address (P.O. Box Number is Not Acceptable) 6509 Gamble Drive
City Orlando FL Zip Code 32818

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3-7-03 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	PT GAUNTLETT, JAMES 6509 GAMBLE DRIVE ORLANDO, FL 32818 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS GAUNTLETT, ANTOINETTE 6509 GAMBLE DRIVE ORLANDO, FL 32818 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Rufus Boykin 706 Lancewood Drive Winter Springs, FL 32708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Rufus Boykin 706 Lancewood Drive Winter Springs, FL 32708 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	3/18 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/7/03 Daytime Phone #