

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 26 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110133

1. Entity Name

SPLASH TOURS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12174 RIVERBAND TRACE

3. Mailing Address
12174 RIVERBAND TRACE

REINSTATEMENT 03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

09/12/03 90092 029 \$150.00

City & State
PORT ST LUCIE, FL

City & State
PORT ST LUCIE, FL

4. FEI Number
65-1154824

Applied For
Not Applicable

Zip
34984

Country
ST LUCIE

Zip
34984

Country
ST LUCIE

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 JEAN-FRANCOIS DUBUISSON

Street Address (P.O. Box Number is Not Acceptable)

12174 RIVERBAND TRACE

City PORT ST. LUCIE, FL

FL

Zip Code
34984

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Jean-Francois Dubuissou
12174 Riverband Trail
Port St. Lucie, FL 34984*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Director
Isabelle Dubuissou
12174 Riverband Trail
Port St. Lucie, FL 34984*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11/26

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment #

90156071

**MOYAL ACCOUNTING SERVICE
208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33027
(954) 430-3930 PH
(954) 430-3939 FAX**

September 9, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: ~~Annual Report for~~ Splash Tours, Inc.
Document# P01000110133

Dear Sir or Madam:

Enclosed please find a check for the annual fee for Splash Tours, Inc. for 2003. Mr. Dubuisson is requesting your help in waiving the fees and penalties due to the fact that he never received the Uniform Business Report because he moved to another location. Please find attach the front copy of the label from the post office, which was received in July.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,

Moyal Accounting Service
Moyal Accounting Services