

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029571

1. Entity Name

MBK TOURS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90013 043 ***150.00

Principal Place of Business

Mailing Address

5728 MAJOR BLVD.
STE 320
ORLANDO FL 32819

5728 MAJOR BLVD.
STE 320
ORLANDO FL 32819-7944

2. Principal Place of Business

5728 MAJOR BLVD

Suite, Apt. #, etc.
STE 261

City & State
ORLANDO FL

Zip Country
32819 USA

3. Mailing Address

5728 MAJOR BLVD

Suite, Apt. #, etc.
STE 261

City & State
ORLANDO FL

Zip Country
32819 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3183465

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, LAURA E
5728 MAJOR BLVD
STE 320 STE 261
ORLANDO FL 32819

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.

SIGNATURE *Frank D. Fox*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-15-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 FOX, LAURA E
STREET ADDRESS 5728 MAJOR BLVD., SUITE 320 261
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-15-00 407 3512127

CR2E034 (9/99)