

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

014340  
 AV

03-12-2002 90972 002 \*\*\*150.00

**DOCUMENT # P93000056751**

1. Entity Name  
**ART/TOURS, INC.**

Principal Place of Business: 2293 VENETIA PL, INDIALANTIC FL 32903  
 Mailing Address: 2293 VENETIA PL, INDIALANTIC FL 32903



2. Principal Place of Business: *same*  
 Suite, Apt. #, etc.: *11*

3. Mailing Address: *same*  
 Suite, Apt. #, etc.: *1*

DO NOT WRITE IN THIS SPACE

City & State: *11*

City & State: *1*

4. FEI Number: **59-3201020**  
 Applied For:  Not Applicable

Zip: *32903* Country: *Brevard*  
 Zip: Country: *USA*

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

6. Name and Address of Current Registered Agent

**TSAMOUTALES, MARY**  
**2293 VENETIA PLACE**  
**INDIA LANTIC FL 32903**

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: \_\_\_\_\_ 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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	DPST	<input type="checkbox"/> Delete
NAME	TSAMOUTALES, MARY	
STREET ADDRESS	2293 VENETIA PLACE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary Tsamoutales* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/02 (321) 777-7761*  
 Date Daytime Phone #

CR2E034 (9/01)