

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049307

1. Entity Name

JOLI TOUR CRUISES, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90062 001 ***150.00

Principal Place of Business

3300 SW 34TH AVE
SUITE 160 #4
OCALA FL 34474
US

Mailing Address

3300 SW 34TH AVE
SUITE 160 #4
OCALA FL 34474
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3220291

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, DEWIGHT
3240 SW 34TH ST.
APT. 104
OCALA FL 34474

Name Coleman, Angelyn
Street Address (P.O. Box Number is Not Acceptable)

3240 S.W. 34TH ST. Apt. 104

City Ocala

FL

Zip Code

34474

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 Angelyn Coleman

Angelyn Coleman

4-22-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVT ☒ Delete
NAME COLEMAN, DWIGHT
STREET ADDRESS 3240 SW 34TH ST. APT. 104
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DPS ☐ Delete
NAME COLEMAN, ANGELYN
STREET ADDRESS 3240 SW 34TH ST. APT. 104
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEWESE, TERESA
STREET ADDRESS 1917 SW 35TH AVE
CITY-ST-ZIP Ocala FL 34474

TITLE DT ☒ Change ☐ Addition
NAME Dewese, Teresa
STREET ADDRESS 1917 SW 35th Ave
CITY-ST-ZIP Ocala FL 34474

TITLE D ☐ Delete
NAME COLEMAN, DEJUAN
STREET ADDRESS 11290 SOUTHBAY PL
CITY-ST-ZIP JAX FL 32257

TITLE DVT ☒ Change ☐ Addition
NAME Coleman, Dejuan
STREET ADDRESS 11290 South Bay PL
CITY-ST-ZIP Jax. FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 to this report, with another like empowered.

SIGNATURE:

Angelyn Coleman Angelyn Coleman

4-22-01

352-237-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)