

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90047 030 ***150.00

DOCUMENT # P95000049307

1. Entity Name
JOLI TOUR CRUISES, INC.

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

1917 SW 35th Ave.

3. Mailing Address

**PMB #233
 3101 SW 34th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#905

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34474

Country

U.S.

Zip

34474

Country

US

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PMB#233**
 STREET ADDRESS **3101 SW 34th Ave. #905**
 CITY-ST-ZIP **Ocala, FL 34474**

TITLE ☒ Change ☐ Addition
 NAME **Teresa Kaham**
 STREET ADDRESS **same Address**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9009 Western Lake Dr. #1804**
 CITY-ST-ZIP **Jacksonville, FL 32256**

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

TITLE ☐ Change ☐ Addition
 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 with an address, with all other like empowered.

SIGNATURE: **ANGELYN COLEMAN** 01/11/01 (352) 237-2881
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)