

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90184 008 ***158.75

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1. Entity Name
JOLI TOUR CRUISES, INC.



Principal Place of Business
**1917 SW 35TH AVE.
OCALA FL 34474
US**

Mailing Address
**3101 SW 34TH AVE PMB # 233
905
OCALA FL 34474
US**



2. Principal Place of Business

3. Mailing Address

**2609 SW 33rd Street
Suite, Apt. #, etc.
103
City & State
Ocala, FL
Zip
34474
Country
USA**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3220291**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Angelyn Coleman**
Street Address (P.O. Box Number is Not Acceptable)
**1917 SW 35th St.
Ocala
City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ANGELYN COLEMAN - owner Angelyn Coleman 1/6/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **COLEMAN, ANGELYN**
STREET ADDRESS **3101 SW 34TH AVE #905 PMB #233**
CITY-ST-ZIP **OCALA FL 34474**

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

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

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

TITLE **DV** ☐ Delete
NAME **COLEMAN, DEJUAN**
STREET ADDRESS **9009 WESTERN LAKE DR # 1804**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Angelyn Coleman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/03
Date

Daytime Phone #

CR02034 (10/02)