2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000079285 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** FUNDAY DISCOVERY TOURS, INC. 03-01-2000 90015 023 \*\*\*150.00 Mailing Address Principal Place of Business 233 EAST NEW HAVEN AVENUE 233 EAST NEW HAVEN AVENUE 2ND FLOOR 2ND FLOOR MELBOURNE FL 32951-2457 MELBOURNE FL 32901 US 05. S ATLANTIC ST DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3341669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HITTNER, STEVEN B Street Address (P.O. Box Number is Not Acceptable) 1905 S HWY A1A #325 **MELBOURNE BEACH FL 32951** Zip Code City FL red office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution.  $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE Change TITLE HITTNER, STEVEN B NAME STREET ADDRESS 1905 S HWY A1A, #325 STREET ADDRESS MELBOURNE BEACH FL 32951 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 apport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or fustee 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 w ke empowered. INTED NAME OF SIGNING OFFICER OR DIRECTOR