

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089325

1. Entity Name

GO T.O.U.R.S., INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90339 048 ***150.00

00029803



DO NOT WRITE IN THIS SPACE

Principal Place of Business 180 9TH STREET N. ST PETERSBURG FL 33705 US		Mailing Address 13014 N. DALE MABRY SUITE #339 TAMPA FL 33618	
2. Principal Place of Business <u>Same as above</u>		3. Mailing Address <u>624 EAST Bay Dr.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>Unit 4</u>	
City & State		City & State <u>Largo, Florida</u>	
Zip	Country	Zip	Country
		<u>33770</u>	<u>U.S.A.</u>
4. FEI Number <u>59-3342927</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PENNINGTON, RENEE M 13014 N. DALE MABRY, SUITE #339 TAMPA FL 33618		Name <u>Renee Lichy</u> Street Address (P.O. Box Number is Not Acceptable) <u>624 EAST Bay Dr.</u> <u>Unit 4</u> City <u>Largo</u> FL <u>33770</u>	
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 <u>Renee Lichy</u> <u>Renee Lichy</u>		DATE <u>3-22-01</u>	
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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LICHY, SIDNEY Z 13014 N DALE MABRY, STE 339 TAMPA FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Lichy, Sidney Z 624 EAST Bay Dr. Unit 4 Largo, Florida 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sidney Lichy</u>		Date <u>3-22-01</u> Daytime Phone # <u>727-584-0060</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)