2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90346 021 ***150.00

DOCUMENT # P96000037012

1. Entity Name
FLORIDA PROFIT
AMERICAN FUN TOURS,INC.

Principal Place of Business	Mailing Address
11291 Capistrano Ct. Fort Myers,FL 33908	17284 San Carlos Blvd. Unit 102 Fort Myers Beach, FL 33931

2. Principal Place of Business		3. Mailing Address	
11291 Capistrano Ct.		17284 San Carlos Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 102	
City & State: Fort Myers,Florida		City & State: Fort Myers Beach,FL	
Zip: 33908	Country: USA	Zip: 33931	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650662720 ☐ 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
ZENKER,WALTER 11291 CAPISTRANO CT. Fort Myers,FL 33908	Name: KARL SWOBODA Street Address (P.O. Box Number is Not Acceptable): 17284 San Carlos Blvd. Unit 102 City: Fort Myers Beach FL Zip Code 33931

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 WALTER ZENKER ,PRESIDENT [signature] April 24.01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Walter Zenker FL 33931 11291 Capistrano Ct.Fort Myers ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Walter Zenker President [signature] April24.01 941-590-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #