

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082342

1. Entity Name
VANTASTIC TOURS, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90047 019 ***150.00

Principal Place of Business

1268 6TH AVE
MARCO ISLAND FL 34145
US

Mailing Address

1268- 6TH AVE
MARCO ISLAND FL 34145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3412633**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRIS, WILLIAM G
247 NORTH COLLIER BLVD.
SUITE 202
MARCO ISLAND FL 34145

Name Connie D. Stegall-Fullmer

Street Address (P.O. Box Number is Not Acceptable)

584 Coconut Ave.

City Goodland, FL.

FL

Zip Code 34140

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 Connie D. Stegall-Fullmer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/01

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 ☐ Delete
NAME **D**
STREET ADDRESS **BURKART, HERBERT**
CITY-ST-ZIP **1268 SIXTH AVENUE**
MARCO ISLAND FL 34145

TITLE ☒ Change ☐ Addition
NAME **EDWARD J. FULLMER**
STREET ADDRESS **584 Coconut Ave**
CITY-ST-ZIP **Goodland, FL. 34140** President, Director

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Connie D. Stegall-Fullmer**
STREET ADDRESS **584 Coconut Ave.**
CITY-ST-ZIP **Goodland, FL. 34140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Connie D. Stegall-Fullmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

941 642 4932

Daytime Phone #

CR2E034 (10/00)