

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P96000096908

1. Entity Name

RETO'S FLORIDA TOURS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-05-2000 90087 034 ***150.00

Principal Place of Business %TRAVEL AND CRUISE INTERNATIONAL ULMERTON PT.PLZ., 13050 66TH ST. NORTH LARGO FL 33773	Mailing Address %TRAVEL AND CRUISE INTERNATIONAL ULMERTON PT.PLZ., 13050 66TH ST. NORTH LARGO FL 33773
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1261 GULF BLVD Suite, Apt. #, etc. 101 City & State CLEARWATER, FLORIDA Zip 33767 Country USA	3. Mailing Address 5006 KERNWOOD CT Suite, Apt. #, etc. City & State PALM HARBOR, FLORIDA Zip 34685 Country USA
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4. FEI Number 59-3464900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCFARLAND, JOSEPH B P.A. 4830 W. KENNEDY BLVD., STE. 750 TAMPA FL 33609	7. Name and Address of New Registered Agent Name RETO C. BADRAUN Street Address (P.O. Box Number is Not Acceptable) 5006 KERNWOOD CT City PALM HARBOR FL Zip Code 34685
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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 RETO C. BADRAUN DATE 04/17/00
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. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PSTD BADRAUN, RETO 5006 KERNWOOD CT PALM HARBOUR FL 34685	<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
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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: RETO C. BADRAUN DATE 03/31/00 DAYTIME PHONE # (727) 851-173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)