

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90150 018 ***150.00

DOCUMENT # P97000012437

1. Entity Name

TOUR SWING, INC.



Principal Place of Business

1720 RIDGE AVENUE
HOLLY HILL FL 32117

Mailing Address

1720 RIDGE AVENUE
HOLLY HILL FL 32117

2. Principal Place of Business

100 S. Beach Street

Suite, Apt. #, etc.

Suite 212

City & State

Daytona Beach, FL

Zip

32114

Country

USA

3. Mailing Address

100 S. Beach Street

Suite, Apt. #, etc.

Suite 212

City & State

Daytona Beach, FL

Zip

32114

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3425902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BROCKENBROUGH, SHARON MCGEE~~

~~883 W GRANADA BLVD~~

~~ORMOND BCH FL 32174~~

7. Name and Address of New Registered Agent

Name

Barry Boatner

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

3425 S. Atlantic Ave # 1001

City

Daytona Beach Shores, FL

Zip Code

32118

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BOATNER, BARRY D
1720 RIDGE AVENUE
HOLLY HILL FL 32117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Boatner, Barry D
100 S. Beach Street, suite 212
Daytona Beach, FL 32114

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney, or with a power of attorney.

SIGNATURE:

Barry Boatner

5-21-03

386 947-9705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)