

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90358 036 ***158.75

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # <u>P97000054783</u> | | | |
| 1. Entity Name <u>WALKABOUT ADVENTURES, INC.</u> | | | |
| Principal Place of Business <u>420 MONROE ROAD P.O. BOX 471276</u> <u>SANFORD FL 32771</u> | | Mailing Address <u>LAKE MONROE FL</u> <u>32747-1276</u> | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| <u>SHEARE V. DABANIAN</u> <u>420 MONROE ROAD</u> <u>SANFORD FL 32771</u> | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back) | | 10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| 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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| 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>Sherre Dabanian</u> <u>SHERRE DABANIAN</u> <u>04/26/01</u> <u>407-323-8903</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

CR2E034 (11/00)

Attachment
WALKABOUT ADVENTURES INC

845210

TRANSMITTAL

#P97000054783

TO: *State of Florida*

DATE *April 26, 2001*

ATTENTION: *Division of Corporations*

TRANSMITTED: ☒ Herewith ☐ Under separate cover
☐ As requested
FOR YOUR ☐ Review ☐ Use
☐ Approval ☐ Information
☒ Files

COPIES

DESCRIPTION

Uniform Business Report

SPECIAL INSTRUCTIONS OR COMMENTS

Our original form was misrouted by post office. This form was downloaded from your web site. We have not listed officers on this form because no changes were made

COPIES TO:

☐ With enclosures
☐ "
☐ "

Thank You,

BY: *Sherril Sabanovic, Registered Agent*