

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-23-2002 90070 039 ***150.00

FILED P98000023354

02 JUL -2 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000023354**
1. Entity Name **ALL TICKETS & TOURS INC.**
7301 9TH ST N
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 7301-9TH ST N	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A	
City & State		City & State ST PETERSBURG FL	
Zip	Country	Zip	Country
33702		33702	FLORIDA

4. FEI Number 62-1822552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GARY DINES
Street Address (P.O. Box Number is Not Acceptable) 7301 9TH ST N
City ST PETERSBURG
State FL
Zip Code 33702

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 reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP President GARY DINES 7301-9TH ST N ST PETERSBURG 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100006274541--8 -07/09/02--01044--006 ****150.00 ****150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.02 (227)-894-8700
Date Daytime Phone #

CR2E034B (12/01)