## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE DESCRIPTION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

## May 27, 2002 8:00 am Secretary of State P98000106861 DOCUMENT # 1. Entity Name 05-27-2002 90464 011 \*\*\*150 00 AMERICAN TOURISM PROMOTION, INC. Mailing Address Principal Place of Business P O BOX 4358 1710 DREW STREET **CLEARWATER FL 33758** SUITE 1 **CLEARWATER FL 33765** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3548330 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELDON, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 101 MAIN ST. STE B Zip Code SAFETY HARBOR FL 34695 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition ☐ Change ☐ Delete TITLE **PSTD** TITLE NAME NAME Berge, Henri M 💝 STREET ADDRESS 1710 DREW STREET, SUITE I STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS Y-ST-ZIP 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.

**FILED** 

Daytime Phone #

Date