

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000020545**

1. Entity Name

FUN TOURS & CRUISES, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90197 043 ***150.00

0127433 AI

Principal Place of Business

**12683 SEMINOLE BLVD
LARGO FL 33778**

Mailing Address

**P.O. BOX 22
LARGO FL 33779**

DO NOT WRITE IN THIS SPACE

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 59-3567380		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIPSCOMB, JAMES		Name	
12683 SEMINOLE BLVD		Street Address (P.O. Box Number is Not Acceptable)	
LARGO FL 33778		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. 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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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	P	TITLE	
NAME	LIPSCOMB, JAMES	NAME	
STREET ADDRESS	10798 -124TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33778	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	LIPSCOMB, TONI	NAME	
STREET ADDRESS	10798 -124TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33778	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#099000020545

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

August 19, 2002

Re:
EIN:
Form: Corporation Annual Report

Dear Sir/Madam:

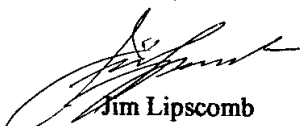
It has come to our attention that our Florida Annual Report is past due. This came as a great surprise, since we traditionally handle all corporate matters on a timely basis. We contacted your office via telephone immediately to determine our best cause of action.

From our conversation with your office on August 19, 2002, you advised me to send this letter and a check for \$150.00.

Enclosed is our \$150 annual required payment for the annual report fee.

We appreciate your efforts to process our corporate annual report. If there are any questions or there is anything we can do, please do not hesitate to contact us at 727-518-8686.

Very truly yours,



Jim Lipscomb
President

Enclosure