

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025891

1. Entity Name

P.W.A. TOURS, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90156 049 ***150.00

Principal Place of Business

Mailing Address

7345 S.W. SAND LAKE
SUITE 308
ORLANDO FL 32819

7345 S.W. SAND LAKE
SUITE 308
ORLANDO FL 32819-5281

2. Principal Place of Business

1802 KINGSPOINT PARKWAY

3. Mailing Address

1802 KINGSPOINT PARKWAY

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

FL 32819

Country

Zip

32819

Country

4. FEI Number

59-3564991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE SOUSA, ANTONIO J
10218 NEWINGTON DR.
ORLANDO FL 32836

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DE SOUSA, ANTONIO J | |
| STREET ADDRESS | 10218 NEWINGTON DR. | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | D. | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DE SOUSA, SELMA G. | |
| STREET ADDRESS | 10218 NEWINGTON DR. | |
| CITY-ST-ZIP | ORLANDO-FL- 32836 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 (407) 248-0009

CR2E034 (9/99)