

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035175

1. Entity Name

CUSTOM TOURS INTERNATIONAL, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90005 022 ***150.00

Principal Place of Business

Mailing Address

4206 ENTERPRISE AVENUE
SUITE 15
NAPLES FL 34104

4206 ENTERPRISE AVENUE
SUITE 15
NAPLES FL 34104-7067

2. Principal Place of Business

BONITA SPRINGS

3. Mailing Address

4061 BONITA BEACH RD

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

BONITA SPRINGS

City & State

BONITA SPRINGS

Zip

34134

Country USA

Zip

34134

Country USA

4. FEI Number

59-3570293

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

MAITLAND-SMITH, BRIAN
4206 ENTERPRISE AVE.
SUITE 15
NAPLES FL 34104

Name

MAITLAND-SMITH, BRIAN

Street Address (P.O. Box Number is Not Acceptable)

4061 BONITA BEACH ROAD

SUITE 104

City

BONITA SPRINGS FL

Zip Code

34134

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

B. MAITLAND-SMITH

3/9/2000

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 type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAITLAND-SMITH, BRIAN		NAME	MAITLAND-SMITH, BRIAN	
STREET ADDRESS	4206 ENTERPRISE AVENUE SUITE 15		STREET ADDRESS	4061 BONITA BEACH RD, SUITE 104	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAITLAND-SMITH, HELENA		NAME	MAITLAND-SMITH, HELENA	
STREET ADDRESS	4206 ENTERPRISE AVENUE SUITE 15		STREET ADDRESS	4061 BONITA BEACH RD, SUITE 104	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

B. MAITLAND-SMITH 3/9/2000 941 949 5590

CR2E034 (9/99)