

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90159 025 ***150.00

DOCUMENT # P99000035175

1. Entity Name
CUSTOM TOURS INTERNATIONAL, INC.



Principal Place of Business
~~4061 BONITA BEACH RD~~
~~104~~
BONITA SPRINGS FL 34134

Mailing Address
~~4061 BONITA BEACH RD~~
~~104~~
BONITA SPRINGS FL 34134



2. Principal Place of Business
24600 SOUTH TAMiami TRAIL

3. Mailing Address
← SAME

Suite, Apt. #, etc. **208**

Suite, Apt. #, etc.

City & State
BONITA SPRINGS FLORIDA

City & State

Zip
34134

Country
USA

Zip

Country

4. FEI Number **59-3570293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAITLAND-SMITH, BRIAN
~~4061 BONITA BEACH RD~~
SUITE 104
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

24600 SOUTH TAMiami TRAIL, STE 208

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MAITLAND-SMITH, BRIAN**
STREET ADDRESS ~~4061 BONITA BEACH RD STE-104~~
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **TS** ☐ Delete
NAME **MAITLAND-SMITH, HELENA**
STREET ADDRESS ~~4061 BONITA BEACH RD STE-104~~
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **24600 SOUTH TAMiami TRAIL #208**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **ABOVE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

Daytime Phone #

0542767 AV

CR2E034 (10/02)