5/14/2

FILED
Jun 04, 2002 8:00 am
Secretary of State
05-14-2002 90451 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080129

1. Entity Name
CRUISES AND TOURS R US, INC.

DO NOT WRITE IN THIS SPACE

91353

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1416 BONAVENTURE LANE Suite, Apt. #, etc.	1416 BONAVENTURE LANE Suite, Apt. #, etc.	
City & State: LADY LAKE, FL	City & State: LADY LAKE, FL	4. FEI Number: 59-3597245 ☐ Applied For ☐ Not Applicable
Zip: 32159 Country: USA	Zip: 32159 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: RICHARD O'CONNOR
Street Address (P.O. Box Number is Not Acceptable): 1416 BONAVENTURE LANE
City: LADY LAKE FL Zip Code: 32159

6. 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: Richard O'Connor RICHARD O'CONNOR, DIRECTOR 5/1/02
(Signature, typed or printed name of registered agent and title if applicable) (Name of New Registered Agent, if applicable, must be typed or printed when executing this) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: D NAME: RICHARD O'CONNOR STREET ADDRESS: 1416 BONAVENTURE LANE CITY-ST-ZIP: LADY LAKE, FL 32159		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: D NAME: PATRICIA O'CONNOR STREET ADDRESS: 1416 BONAVENTURE LANE CITY-ST-ZIP: LADY LAKE, FL 32159		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard O'Connor RICHARD O'CONNOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date