

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90001 007 ***150.00

DOCUMENT # S12904

1. Entity Name

ALL SIZE WORLD TOURS, INC.

Principal Place of Business

5329 WEST ATLANTIC AVE
 #203-B
 DELRAY BEACH FL 33484

Mailing Address

5329 WEST ATLANTIC AVE
 #203-B
 DELRAY BEACH FL 33484

020394

2. Principal Place of Business

5329 W ATLANTIC AVE

Suite, Apt. #, etc.

C 21

City & State

DELRAY BEACH FLA

Zip

33445

Country

3. Mailing Address

4733 W ATLANTIC AVE

Suite, Apt. #, etc.

C 21

City & State

DELRAY BEACH FLA

Zip

33445

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0231263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALLACE MURRAY
5329 W. ATLANTIC AVE.
203-B
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

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

City

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: **MURRAY WALLACE**
 Signature, typed or printed name of registered agent and title if applicable.

Murray Wallace
 (NOTE: Registered agent signature required when re-registering)

04/02/01
 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, 2001 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

TITLE: **D** ☐ Delete
 NAME: **WALLACE, MURRAY**
 STREET ADDRESS: **5329 W ATLANTIC AVE #203-B**
 CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: **D** ☐ Delete
 NAME: **WALLACE, MARILYN**
 STREET ADDRESS: **5329 W ATLANTIC AVE #203-B**
 CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: **D** ☐ Delete
 NAME: **WALLACE, ALLAN**
 STREET ADDRESS: **5329 W ATLANTIC AVE**
 CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME: **WALLACE MURRAY**
 STREET ADDRESS: **4733 W ATLANTIC AVE C 21**
 CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: ☐ Change ☐ Addition
 NAME: **WALLACE MARLYN**
 STREET ADDRESS: **4733 W ATLANTIC AVE C 21**
 CITY-ST-ZIP: **DELRAY BEACH FLA 33445**

TITLE: ☐ Change ☐ Addition
 NAME: **WALLACE ALLAN**
 STREET ADDRESS: **4733 W ATLANTIC AVE C 21**
 CITY-ST-ZIP: **DELRAY BEACH FLA 33445**

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

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
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 CITY-ST-ZIP: ☐ Change ☐ Addition

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

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

361 499 3686
4/2/01
2:12:46 PM

CR2E034 (10/00)