

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90104 021 ***150.00

DOCUMENT # S12904

1. Entity Name

ALL SIZE WORLD TOURS, INC.

Principal Place of Business

Mailing Address

**4722 W ATLANTIC AVE
 C-21
 DELRAY BEACH FL 33445**

**4722 W ATLANTIC AVE
 C-21
 DELRAY BEACH FL 33445**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4733 W ATLANTIC AVE

4733 W ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-21

C-21

City & State

City & State

DELRAY BCH FL

DELRAY BCH, FL

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

7. Name and Address of New Registered Agent

WALLACE MURRAY

5329 W. ATLANTIC AVE.

203-B

DELRAY BEACH FL 33484

Name

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

4733 W ATLANTIC AVE #C-21

City **DELRAY BCH**

FL

Zip Code **33445**

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 *Wallace Murray*

2-6-02

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, 2002 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 **D** ☐ Delete
 NAME **WALLACE, MURRAY**
 STREET ADDRESS **4733 W ATLANTIC AVE C21**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **D** ☐ Delete
 NAME **WALLACE, MARILYN**
 STREET ADDRESS **4733 W ATLANTIC AVE C21**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **D** ☐ Delete
 NAME **WALLACE, ALLAN**
 STREET ADDRESS **4733 W ATLANTIC AVE C21**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 lines empowered.

SIGNATURE:

Wallace Murray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MURRAY

WALLACE, P. 2-6-02

Date

S61

272-6629

Daytime Phone #

CR2E034 (9/01)