APR. 30. 2002 10:29AM

May 27, 2002 8:00 am
Secretary of State
05-27-2002 90432 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20870 ✓

1. Entity Name

INTERNATIONAL TOUR GROUP, INC

670878

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5014 BOATHOUSE RD	5014 BOATHOUSE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL ~~32812~~	City & State: ORLANDO, FL
Zip: 32812 / Country:	Zip: 32812 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3147235 ☐ Applied For ☐ Not Applicable

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: DAVID GARRICK JR

Street Address (P.O. Box Number Is Not Acceptable): 300 VIRGINIA ST

City: CLERMONT FL Zip Code: 34711

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] 4/30/02

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) ☐

[illegible]
After May 1 [illegible] $550.00
Amended UBR [illegible]
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	PD	TITLE	
NAME	ILEANA THOMAS	NAME	
STREET ADDRESS	5014 BOATHOUSE RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32812	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		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: PD [signature] 4/30/02 407 303-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #