2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # 505661 ANCIENT CITY TRAVEL, INC. 04-05-2001 90085 023 ***150.00 Principal Place of Business Mailing Address 4475 US ONE SOUTH #102 4475 US ONE SOUTH #102 ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1672028 Not Applicable Country \$8.75 Additional Ζiρ Country 2 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEIGER, JOHN R P.A. Street Address (P.O. Box Number is Not Acceptable) 4475 U.S. 1 SOUTH #406 ST. AUGUSTINE FL 32086 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE COOK, JAMES BRIAN NAME NAME **6975 CHARLES STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL Change ☐ Addition ٧D ☐ Detete TITLE BAYLY, CARTER R NAME NAME STREET ADDRESS STREET ADDRESS 6975 CHARLES STREET CITY-ST-ZIP ST. AUGUSTINE FL. CITY_ST-ZIP ☐ Addition Change STD ☐ Delete TITLE TITLE COOK, PEGGY R NAME NAME STREET ADDRESS STREET ADDRESS 6975 CHARLES STREET CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 outrustee 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:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01 904

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