

DOCUMENT # F22784

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90046 010 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
PROFESSIONAL TRAVEL, INC.

Principal Place of Business Mailing Address
~~1529 S DALE MADRY HWY. 4515 George Rd~~ ~~1529 S DALE MADRY HWY 4515 George Rd~~
~~TAMPA FL 33629-5000~~ ~~TAMPA FL 33629-5000~~
~~US~~ ~~US~~
Road Suite 340 Suite 340
Tampa, FL 33634 Tampa, FL 33634

2. Principal Place of Business 3. Mailing Address
4515 George Road 4515 George Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 340 Suite 340

City & State Tampa, FL City & State Tampa, FL

Zip 33634 Country USA Zip 33634 Country USA

4. FEI Number **59-2070916** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~MUROFF, CAROL S. Suite 340~~
~~1529 S DALE MADRY HWY 4515 George Rd~~
~~PROFESSIONAL TRAVEL INC~~
~~TAMPA FL 33629-5000 33634~~

7. Name and Address of New Registered Agent
 Name **Carol S. Muroff**
 Street Address (P.O. Box Number is Not Acceptable) **4515 George Road Suite 340**
Professional Travel Inc
 City **Tampa FL** Zip Code **33634**

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. **address change**
 SIGNATURE Carol S Muroff **CAROL S. MUROFF, PRESIDENT** **1-8-01**
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.
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	P	<input type="checkbox"/> Delete
NAME	MUROFF, CAROL S	
STREET ADDRESS	801 BAYSHORE 16804 AVILA BLVD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUROFF, CAROL S	
STREET ADDRESS	16804 AVILA BLVD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: Carol S Muroff **CAROL S. MUROFF** **1-8-01** **813 806 1050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)