

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000004490

FILED
Apr 10, 2003
Secretary of State

Entity Name: THE TRAVEL COMPANY, INC. OF MS

Current Principal Place of Business:

605 NORTH PARK DR.
STE D
RIDGELAND, MS 39157

New Principal Place of Business:

Current Mailing Address:

605 NORTH PARK DR.
STE D
RIDGELAND, MS 39157

New Mailing Address:

FEI Number: 64-0677074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, MIKE
445 SWANNEE DR. ROOM 152
TYNDALL AFB, FL 32403

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: WALKER, SUSAN
Address: 605 NORTHPARK DR. STE D
City-St-Zip: RIDGELAND, MS 39157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALKER, SUSAN
Address: 605 NORTHPARK DR. STE D
City-St-Zip: RIDGELAND, MS 39157

Title: ST () Change (X) Addition
Name: COWAN, LEANN
Address: 605 NORTHPARK DRIVE, STE D
City-St-Zip: RIDGELAND, MS 39157

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANN COWAN

ST

04/10/2003

Electronic Signature of Signing Officer or Director

_____ Date