

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # G41479**

1. Entity Name  
**A TRAVEL PLACE OF JACKSONVILLE, INC.**

Principal Place of Business 1713 PENMAN ROAD  JACKSONVILLE BEACH 3.225	FL	Mailing Address 1713 PENMAN ROAD  JACKSONVILLE BEACH 32250	US
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2. Principal Place of Business 1713 PENMAN ROAD	3. Mailing Address 1713 PENMAN ROAD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE BEACH FL	City & State JACKSONVILLE BEACH FL
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4. FEI Number <b>59-2648098</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 32250	Country US	Zip 32250	Country US
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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**

HAYES GREG  
1713 PENMAN BOAD  
  
JACKSONVILLE BEACH FL  
32250 US

Name  
HAYES GREG  
Street Address (P.O. Box Number is Not Acceptable)  
1713 PENMAN ROAD  
  
City  
JACKSONVILLE BEACH FL Zip Code  
32250

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, typed or printed name of registered agent and title if applicable.

**04/17/2001**  
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE VP	<input type="checkbox"/> Delete
NAME HAYES GREG	
STREET ADDRESS 1713 PENMAN ROAD	
CITY-ST-ZIP JACKSONVILLE BEACH FL 3.225	

TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYES GREG	
STREET ADDRESS 1713 PENMAN ROAD	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	

TITLE P	<input type="checkbox"/> Delete
NAME HAYES FAITH	
STREET ADDRESS 1713 PENMAN ROAD	
CITY-ST-ZIP JACKSONVILLE BEACH FL 3.225	

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYES FAITH	
STREET ADDRESS 1713 PENMAN ROAD	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	

TITLE	<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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"/> Delete
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 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: GREG HAYES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP **04/17/2001**  
Date

Daytime Phone #

CR2E034 (11/00)