


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90175 003 ***158.75

DOCUMENT # H36572
1. Entity Name
A Time To Travel The World Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2090 Mohican Tr
Suite, Apt. #, etc.

3. Mailing Address
5415 Lake Howell Rd
Suite, Apt. #, etc.
324

City & State
Maitland FL

City & State
Winter Park FL

Zip
32751 Country
us

Zip
32792 Country
us

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2472897

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
Marcos Marchena

Street Address (P.O. Box Number is Not Acceptable)
237 S Semoran Blvd

City
Orlando FL Zip Code
32807

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

→ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Elaine Newham Pres</u> <u>2090 Mohican Tr</u> <u>Maitland FL 32751</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Debbie Hoyle VP</u> <u>2090 Flaming Arrow Ct</u> <u>Casselberry FL 32730</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Don Newham Treas</u> <u>2090 Mohican Tr</u> <u>Maitland FL 32751</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Barbara Kizer Secy</u> <u>Hall Rd</u> <u>Orlando FL</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>/</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>/</u>

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 4.15.03 Daytime Phone # 4073451181

CR2E034B (12/02)