

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26771

1. Entity Name

TRAVEL TRAILS, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90016 028 \*\*\*150.00

Principal Place of Business

1520 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33334

Mailing Address

1520 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33334-5751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2709094

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRIEG, MARY  
1520 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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          | P                                  | <input type="checkbox"/> Delete |
| NAME           | KRIEG, MARY                        |                                 |
| STREET ADDRESS | 1167 HILLSBORO MILE #611           |                                 |
| CITY-ST-ZIP    | HILLSBORO BCH. FL                  |                                 |
| TITLE          | VP                                 | <input type="checkbox"/> Delete |
| NAME           | KRIEG, L. STEVEN                   |                                 |
| STREET ADDRESS | <del>3497 CARAMBOLA CIRCLE S</del> |                                 |
| CITY-ST-ZIP    | COCONUT CREEK FL                   |                                 |
| TITLE          | S                                  | <input type="checkbox"/> Delete |
| NAME           | MARRE, ALISSA                      |                                 |
| STREET ADDRESS | 22112 ACAPULCO CT                  |                                 |
| CITY-ST-ZIP    | BOCA RATON FL                      |                                 |
| TITLE          | T                                  | <input type="checkbox"/> Delete |
| NAME           | IKOLA, LYNETTE                     |                                 |
| STREET ADDRESS | <del>4175 NW 24TH TERR</del>       |                                 |
| CITY-ST-ZIP    | BOCA RATON FL                      |                                 |
| 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"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                              |
| STREET ADDRESS | 2241 NW 40 TERRACE     |                                                                              |
| CITY-ST-ZIP    | COCONUT CREEK FL 33066 |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                              |
| STREET ADDRESS | 1347 CEDAR TERRACE     |                                                                              |
| CITY-ST-ZIP    | BOCA RATON, FL 33486   |                                                                              |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mary Krieg* MARY KRIEG

(954) 776-4340

CR2E034 (9/99)