

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90029 026 \*\*\*158.75

**DOCUMENT # P0000067519**  
1. Entity Name  
**PRESTIGE TRAVEL SYSTEMS, INC.**



Principal Place of Business  
**4802 GUNN HWY  
TAMPA FL 33624**

Mailing Address  
**4802 GUNN HWY  
TAMPA FL 33624**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3660366** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SMITH, DARRELL C  
101 E KENNEDY BLVD, STE 2800  
TAMPA FL 33602**

7. Name and Address of New Registered Agent  
Name **Anita La Scala**  
Street Address (P.O. Box Number is Not Acceptable)  
**4802 Gunn Hwy Ste, 141**  
City **Tampa** FL Zip Code **33624**

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 Anita La Scala DATE 01/03/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D SPRENGER, STAN 4802 GUNN HWY TAMPA FL 33624</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORGAN, ROBERT 4802 GUNN HWY TAMPA FL 33624</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LASCALA, RON 4802 GUNN HIGHWAY #141 TAMPA FL 33624</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST LASCALA, ANITA 4802 GUNN HIGHWAY #141 TAMPA FL 33624</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LASCALA-DETORE, KIMBERLY 4802 GUNN HIGHWAY, #141 TAMPA FL 33624</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOMBERT, SERGE 4802 GUNN HWY TAMPA FL 33624</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Director Ron La Scala</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST &amp; Director Anita La Scala</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita La Scala **REQUIRE** DATE 01/03/03 DAYTIME PHONE # 813-289-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)