2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-04-2003 90080 049 ***150.00

DOCUMENT # P98000019803

1. Entity Name
CASTAWAYS TRAVEL, INC.

Principal Place of Business	Mailing Address
4711 SW 24TH AVE CAPE CORAL FL 33914	4711 SW 24TH AVE CAPE CORAL FL 33914

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0818920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DELLAFAVE, JOSEPH~~
~~4711 SW 24TH AVE~~
~~CAPE CORAL FL 33914~~

7. Name and Address of New Registered Agent

Name JOSE MARTIN
Street Address (P.O. Box Number is Not Acceptable) 1101 S.E. 14th TERRACE
City CAPE CORAL FL Zip Code 33990

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ~~DELLAFAVE, JOSEPH~~ ~~4711 S.W. 24TH AVE.~~ ~~CAPE CORAL FL 33914~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~VP~~ PRESIDENT MARTIN, JOSE 1101 SE 14TH TER CAPE CORAL FL 33990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED Jose Martin JOSE MARTIN 4/13/03 239-540-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #