2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000030882 May 24, 2000 8:00 am Secretary of State 1. Entity Name TRAVEL DISCOVERIES, INC. 05-24-2000 90184 037 ***550.00 Principal Place of Business Mailing Address 2724 FLORIDA BLVD. 2724 FLORIDA BLVD. **BRADENTON FL 34207 BRADENTON FL 34207-5628** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0827385 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ----6.: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATERS, VIRGIE J Street Address (P.O. Box Number is Not Acceptable) 2724 FLORIDA BLVD. **BRADENTON FL 34207** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WATERS, VIRGIE J NAME NAME 2724 FLORIDA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete ☐ Change Addition TITLE TITLE TAURKE, ERWIN A NAME NAME STREET ADDRESS STREET ADDRESS 2724 FLORIDA BLVD. CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34207** - Change -☐ Addition TITLE" Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.