

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90028 030 \*\*\*150.00

**DOCUMENT # S90558**

1. Entity Name  
**TRAVEL EASE LTD., INC.**

Principal Place of Business

Mailing Address

**3941 TAMiami TRAIL  
 S-3117  
 PUNTA GORDA FL 33950**

**3941 TAMiami TRAIL  
 S-3117  
 PUNTA GORDA FL 33950-7924**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0292016**

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

**BOWEN, INGRID  
 3941 TAMiami TRAIL  
 S-3117  
 PUNTA GORDA FL 33950**

Name **SANDRA BEVERS**

Street Address (P.O. Box Number is Not Acceptable)  
**3941 TAMiami TR  
 Suite 3117**

City **PUNTA GORDA** FL Zip Code **33950**

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 **SANDRA BEVERS**

**3/17/00**

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 **SECRETARY**  Delete  
 NAME **BOWEN, INGRID**  
 STREET ADDRESS **1620 ALBATROS DR.**  
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **SECRETARY**  Change  Addition  
 NAME **Bowen INGRID**  
 STREET ADDRESS **1620 ALBATROS DR**  
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D**  Delete  
 NAME **BOWEN, DAVID**  
 STREET ADDRESS **1620 ALBATROS DR.**  
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **Rhonda BAIN BRIDGE**  Change  Addition  
 NAME **Rhonda BAIN BRIDGE**  
 STREET ADDRESS **2251 LEE TERRACE**  
 CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **T**  Delete  
 NAME **BEVERS, JAY**  
 STREET ADDRESS **2240 KENYA LN**  
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **BEVERS**  Change  Addition  
 NAME **BEVERS**  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP **SAME**

TITLE **PRESIDENT**  Delete  
 NAME **BEVERS, SANDRA**  
 STREET ADDRESS **2240 KENYA LN**  
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PRESIDENT**  Change  Addition  
 NAME **BEVERS SANDRA**  
 STREET ADDRESS **2240 KENYA LANE**  
 CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 empowerments.

SIGNATURE: **Sandra Bevers**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/00** **941/637-7771**  
 Date Daytime Phone #

CRZE034 (9/99)