

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
 03-19-2001 90389 046 \*\*\*150.00

039034

**DOCUMENT # S90558**

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

Principal Place of Business <b>3941 TAMiami TRAIL          S-3117          PUNTA GORDA FL 33950</b>	Mailing Address <b>3941 TAMiami TRAIL          S-3117          PUNTA GORDA FL 33950</b>
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000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0292016</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BEVERS, SANDRA                  3941 TAMiami TR                  SUITE 3117                  PUNTA GORDA FL 33950</b>				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME S BOWEN, INGRID 1620 ALBATROS DR. PUNTA GORDA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME D BAINBRIDGE, RHONDA 2251 LEE TERRACE PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete	TITLE NAME VICE PRES   SECRET.   DIRECTOR BAINBRIDGE   Rhonda 2251 LEE TERRACE Port-Charlotte FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T BEVERS, JAY 2240 KENYA LN PUNTA GORDA FL 33950	<input type="checkbox"/> Delete	TITLE NAME T D Bevers, Jay	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P BEVERS, SANDRA 2240 KENYA LN PUNTA GORDA FL 33983	<input type="checkbox"/> Delete	TITLE NAME P D Bevers, Sandra	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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: Sandra Bevers      3-14-01      941-637-7771  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)