2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \$90595 1. Entity Name CONTEMPO PROPERTY & TRAVEL SERVICES, INC. 05-03-2001 90038 021 ***150.00 Principal Place of Business Mailing Address 4717 U.S. HIGHWAY 27N 4717 U.S. HIGHWAY 27N DAVENPORT FL 33837 DAVENPORT FL 33837 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3091803 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired

May 03, 2001 8:00 am Secretary of State



فسيدين سهدان	- -		· · · · · · · · · · · · · · · · · · ·		1 .		•			
		and Address of Current R	egistered Agent		7. N	lame and Address of New Regi	stered Ag	ent		
WHERRETT, DONALD 4717 U.S. HIGHWAY 27N, SUITE 89 DAVENPORT FL 33837					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
57.11-				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 _	Signature, typed	d or printed name of registered agent an	d title if applicable. (NOTE: R	egistered Agent signature	required when re	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)			After MAY 1, 2001	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financ Trust Fund Contribution.		Ådded	May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7162 MO	TT, DONALD NTREAL DR ID FL 33809	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVENTH 8400 SAM	IAL, GARY ND LAKE SHORES COUP O FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OBLAND	U FL 32030	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	. =	-		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			***	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		440 07/0/(i) Flexible Objects - 1/		☐ Change	Addition	
13. I hereby of indicated	certify that the on this repo	ne information supplied with t ort or supplemental report is t	his filing does not qualify for the recent of the recent and accurate and that my	ne exemption state signature shall ha	a in Section ve the same	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oatl	rtner certif n; that I ar	y inat the in n 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:

SIGNATURE AND TYPED OR P

4-28-01 Date