## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2001 8:00 am DOCIMENT # 252555 **Secretary of State** 1. Entity Name DUGAN TRAVEL SERVICE, INC. 03-22-2001 90043 036 \*\*\*158.75 Principal Place of Business Mailing Address 500 E. SPANISH RIVER BLVD. 500 E. SPANISH RIVER BLVD. BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 2021 N FEDERAL HIGHWA 2621 N FEDERAL Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0943131 BOCA RATON BOYA RATION Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POPE, SUSAN Street Address (P.O. Box Number is Not Acceptable) 500 E SPANISH RIVER BLVD **BOCA RATON FL 33431** 2021 N FEDERAL HIGHWAY City BOCA RATON 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. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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. CR2E034 (10/00) TITLE ☐ Delete TITLE POPE. SUSAN NAME NAME 2621 N FEDERAL HIGHWAY BOCA RATON FL 33431 500 E SPANISH RIVER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE BOC RATON, FL 00000 TITLE ☐ Delete TITI F POPE, RICHARD NAME NAME 2021 N FEDERAL HIGHWAY STREET ADDRESS 500 E SPANISH RIVER BLVD STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP BOC RATON, FL 00000 Delete TITLE Change ☐ Addition 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 ☐ Delete TITLE ☐ Change TITLE ☐ Addition

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.

NAME

TITLE

NAME

Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

SUS AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUJAN POPE

03-19-01

561 394-603C

Daytime Phone #

☐ Change

☐ Addition