

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90101 046 ***150.00

DOCUMENT # **252555**

1. Entity Name

DUGAN TRAVEL SERVICE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17035 LAKE PARK ROAD

Suite, Apt. #, etc.

3. Mailing Address

17035 LAKE PARK ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL

Zip
33487

Country
USA

City & State
BOCA RATON FL

Zip
33487

Country
USA

4. FEI Number

59 0943131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUSAN D POPE

Street Address (P.O.-Box Number is Not Acceptable) --

17035 LAKE PARK ROAD

City **BOCA RATON**

FL

Zip Code
33487

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P= PRESIDENT / S SUSAN D POPE 17035 LAKE PARK ROAD BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/ RICHARD A POPE 17035 LAKE PARK ROAD BOCA RATON FL 33487
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan D. Pope **SUSAN D POPE**

3-25-03

561 994-8646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)