2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

334243 **DOCUMENT #**

1. Entity Name

LANTANA TRAVEL AGENCY, INC.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90185 016 ***150.00

			\	COD WE THE			
Principal Place of Busines 401 LANTANA ROAD W STE. 3 LANTANA FL 33462 US		Mailing Address 401 LANTANA ROAD W STE. 3 LANTANA FL 33462 US					
2. Principal Place of Busi	ness	3. Mailing Address				: 010 W1111	INIT 010ti 100i
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	CHANGES	
City & State		City & State			4. FEI Number 59-1217954 Applied F Not Applie		oplied For of Applicable
Zip	Country	Zip	Country			8.75 Add ee Require	
6. Nam	and Address of Current	Registered Agent			7. Name and Address of New Registered A	gent	
,				Name			
BINGHAM, ELISABET 401 LANTANA RD #	7.	Street Address		reet Address ((P.O. Box Number is Not Acceptable)		
LANTANA FL 33462							
**************************************		·	Ci	ty	FL	Zip Cod	e
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.		May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE PD		☐ Delete	TITLE			Change	☐ Addition
	, elisabeth Cean Avenue Idge fi		NAME STREET ADD				
TITLE NAME STREET ADDRESS	Duc 15	☐ Delete	TITLE NAME STREET ADD	ngFee		☐ Change	☐ Addition
CITY-ST-ZIP			CITY-ST-ZI				
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.