

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90974 033 ***150.00

DOCUMENT # 424492

1. Entity Name
TRAVEL INTERNATIONAL INCORPORATED



Principal Place of Business
4540 SOUTHSIDE BLVD
STE 1002
JACKSONVILLE FL 32216
US

Mailing Address
4540 SOUTHSIDE BLVD.
SUITE 1002
JACKSONVILLE FL 32216-5497
US

2. Principal Place of Business

4146 3RD ST S

3. Mailing Address

4146 3RD ST S

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville Bch FL

City & State
Jacksonville Bch FL

FEL Number
59-1458181

Applied For
Not Applicable

Zip
32250

Country
USA

Zip
32250

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRAZIER, WILLIAM R.
1515 RIVERSIDE AVE., SUITE A
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name
John C. Schmidt
Street Address (P.O. Box Number is Not Acceptable)
4146 3RD ST S
City
Jacksonville Bch FL
Zip Code
32250

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

(NOTE: Registered Agent signature required when reinstating)

1/16/03
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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHMIDT, JOHN C. ☐ Delete
55 SAN JUAN DRIVE
PONTE VEDRA BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SCHMIDT, GLORIA G. ☐ Delete
55 SAN JUAN DRIVE
PONTE VEDRA BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

John C. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-241-0001
4/4/03

CR2E034 (10/02)