

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90282 037 ***150.00

DOCUMENT # 450522

1. Entity Name
WINTER PARK TRAVEL, INC.



Principal Place of Business
**2669 KELLY PARK RD
APOPKA FL 32712
US**

Mailing Address
**PO BOX 949
APOPKA FL 32704
US**



2. Principal Place of Business

3. Mailing Address

2669 W. KELLY PARK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
APOPKA, Fla.

4. FEI Number **59-1525501**

Applied For
Not Applicable

Zip

Country

Zip
32712

Country
US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BADGLEY, AMY JO
333 PARK AVE S
APOPKA FL 32712**

Name **AMY-JO LEHRER**

Street Address (P.O. Box Number is Not Acceptable)
2669 W. Kelly Park Rd.

City **Apopka**

FL

Zip Code
32712

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

DATE
4-21-03

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **AMY-JO, LEHRER**
STREET ADDRESS **2669 W KELLY PARK RD**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-21-03** DAYTIME PHONE # **321-228-1728**

CR2E034 (10/02)