

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521058

1. Entity Name

INTERNATIONAL TRAVEL ASSOCIATES, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90004 045 ***150.00

Principal Place of Business

Mailing Address

5141 SEMINOLE BLVD
ST PETERSBURG FL 33708

5141 SEMINOLE BLVD
ST PETERSBURG FL 33708-3365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1706601

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TONI VAN PELT

5141 SEMINOLE BLVD.

ST. PETERSBURG FL 33708

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CTD	ROESS, MARTIN J	5412 ALOHA DR	ST PETERSBURG, FL 00000 33706	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PSD	VAN PELT, TONI	11280 FREEDOM CT	SEMINOLE, FL 00000 33772	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	ROESS, ALICE	4450 GULF BLVD., APT. 312	ST. PETERSBURG BEACH FL 33706	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

727 3934676

Date

Daytime Phone #

CR2E034 (9/99)