

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90026 025 ***150.00

DOCUMENT # 569316

1. Entity Name
V.I.P. TRAVEL AGENCY INC.

Principal Place of Business
11440 US HWY ONE
PALM BEACH GARDENS FL 33408
US

Mailing Address
P.O. BOX 33088
PALM BEACH GARDENS FL 33420
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4521 PGA BLVD
 Suite, Apt. #, etc.
Suite 361

3. Mailing Address
 Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL
 Zip
33418
 Country
USA

City & State

4. FEI Number **59-2081900**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KOFFLER, WARREN W.
11440 US HWY ONE
PALM BEACH GARDENS FL 33408

7. Name and Address of New Registered Agent

Name **KOFFLER, WARREN W.**
 Street Address (P.O. Box Number is Not Acceptable)
Suite 361 - 4521 PGA BLVD.
PALM BEACH GARDENS FL Zip Code **33418**

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]

Feb. 1, 2002

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, 2002 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

TITLE **VPD** ☐ Delete
 NAME **KOFFLER, JAYNE**
 STREET ADDRESS **11440 US HWY ONE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **PD** ☐ Delete
 NAME **KOFFLER, WARREN**
 STREET ADDRESS **11440 US HWY ONE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☒ Change ☐ Addition
 NAME **KOFFLER, JAYNE**
 STREET ADDRESS **Suite 361 - 4521 PGA BLVD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **PD** ☒ Change ☐ Addition
 NAME **KOFFLER, WARREN W.**
 STREET ADDRESS **Suite 361 - 4521 PGA BLVD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 2002 **561-694-6665**

Date

Daytime Phone #

CR2E034 (9/01)