

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90211 048 \*\*\*150.00

**DOCUMENT # 623746**

1. Entity Name  
**PLACID TRAVEL, INC.**

Principal Place of Business

**202 NORTH MAIN ST.**

**P. O. BOX 668**

**LAKE PLACID FL 33852**

Mailing Address

**202 NORTH MAIN ST.**

**P. O. BOX 668**

**LAKE PLACID FL 33852**

**734253**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**200 NORTH MAIN ST**

3. Mailing Address

**200 NORTH MAIN ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1909259**

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

**SHERWOOD, ROBERT MATTHEW**

**101 ESATVIEW DR**

**SEBRING FL 33870**

Name

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

**200 NORTH MAIN ST**

City

**LAKE PLACID**

FL

Zip Code

**33852**

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

*Robert Sherwood*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **SHERWOOD, ROBERT MATTHEW**  
STREET ADDRESS **202 MAIN STREET**  
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ Change ☐ Addition  
NAME **200 NORTH MAIN ST**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **SHERWOOD, MONICA**  
STREET ADDRESS **202 MAIN STREET**  
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/28/02 865-465**  
**0075**

CR2E034 (9/01)