


2003 AMENDED UBR FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # 667755

1. Entity Name
PROSEBROCCIT TRAVEL AGENCY
INC.



FILED

03 JAN 27 AM 11:47

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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2003 AMENDED

01/13/03-01/031-001 \$61.25

2. Principal Place of Business
140 E. INDIANA AV.
Suite, Apt. #, etc.
City & State
DELAND, FL
Zip
32724 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
SAME
Zip Country

4. FEI Number
59-1989051

Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
WRIGHT, MARYWAYNE

Street Address (P.O. Box Number is Not Acceptable)
140 E. INDIANA AVE.

City
DELAND FL Zip Code
32724

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 Marywayne Wright WRIGHT VP 01/08/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	<u>PD</u> <u>WRIGHT, GEORGE A.</u> <u>960 S. MASSACHUSETTS AVE.</u> <u>DELAND, FL 32724</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>WRIGHT, MARYWAYNE</u> <u>960 S. MASSACHUSETTS AVE.</u> <u>DELAND, FL 32724</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>WERMATIT, SUSAN</u> <u>3320 GULFPORT AVE.</u> <u>DELTONA, FL 32738</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/03-01/031-001 **61.25

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/8/03 386-734-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)