

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0598151

DOCUMENT # F00000000588

1. Entity Name

STS TRAVEL ENTERPRISES, INC.

05-18-2001 91576 048 ***150.00

Principal Place of Business

**9101-121 LEESVILLE ROAD
 RALEIGH NC 27613**

Mailing Address

**9101-121 LEESVILLE ROAD
 RALEIGH NC 27613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2066505

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

**KEELS, JOHANNA
 7757 W. FLAGLER
 SUITE 220
 MIAMI FL 33144**

Name

KEELS, JOHANNA

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

3191 CORAL WAY

City

SUITE 601

FL

Zip Code

33145

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, 2001 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **SCHANTZ, STUART**
 CITY-ST-ZIP **7216 FONTANA PL
 RALEIGH NC 27613**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HORNEWR, ARTHUR**
 CITY-ST-ZIP **5214 HIDEAWAY DR.
 CHAPLE HILL NC 27516**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **HENNION, JEFF**
 CITY-ST-ZIP **371 PARKWAY DRIVE.
 MT. LEBANON PA 15228**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TURCO, NICOLA**
 CITY-ST-ZIP **5877 N. TARTON CIR.
 DUBLIN OH 43017**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WEST, GARLAND**
 CITY-ST-ZIP **404 RIVER BREEZE DRIVE
 GLEN ALPINE NC 28628**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KUNZ, KARL**
 CITY-ST-ZIP **20385 TRUE VISTA CIRCLE
 MONUMENT CO 80132**

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:

STUART SCHANTZ

5/8/01

919-676-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)