

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90076 042 \*\*\*150.00

DOCUMENT # F00000000588

1. Entity Name

STS TRAVEL ENTERPRISES, INC.

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 &amp; State

City &amp; 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~~3191 CORAL WAY  
STE 611  
MIAMI FL 33145

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

919-676-4401 x7

CR2E034 (9/01)