## √2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

## FILED Apr 07, 2001 8:00 am Secretary of State DOCUMENT # F0000006460 MANASSAS TRAVEL INC. 04-07-2001 90005 030 \*\*\*158.75 Principal Place of Business Mailing Address 431 VIA VENTANA 431 VIA VENTANA MESQUITE NV 89027 MESOLITE NV 89027 940521 2. Principal Place of Business 3. Mailing Address 2098 E. D. n. ple Dec Kind Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-1512173 TANASSI Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 、Name . \_ WILSON, JAMIE N Street Address (P.O. Box Number is Not Acceptable) 75B E. POINCIANA DR. SATELLITE BEACH FL 32937 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE NAME WILD, PAULA S NAME STREET ADDRESS STREET ADDRESS 431 VIA VENTANA CITY-ST-ZIP CITY-ST-ZIP MESQUITE NV\_89027 WILD ROBERT A SECRETARY Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 2098 E. D. MPLE DELL ROMO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE BRITY, HAINLINE. NAME. NAME - - -CYPRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hemet CALIFORNIA CITY-ST-ZIP ☐ Delete Change ☐ Addition TITI F TITLE eff Quigley NAME NAME 98 E. Dimple Deu ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

PAULA Sue Nichous Nico 2/10/01 801-485-3760

with all other like empowered.