

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00851

1. Entity Name

ORANGE BELT TRAVEL OF BARTOW, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90007 047 ***150.00

0626987

Principal Place of Business
1757 W. BROADWAY
BARTOW FL 33830

Mailing Address
1757 W. BROADWAY
BARTOW FL 33830

644554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1865 PINE RUN
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 498
Suite, Apt. #, etc.

City & State
MULBERRY FL
Zip 33860 Country USA

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MULBERRY FL
Zip 33860 Country USA

4. FEI Number 59-2058634
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ZINK, JAMES A.
1690 NORTH BROADWAY
BARTOW FL 33830

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1865 PINE RUN
MULBERRY, FL
City FL Zip Code 33860

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 JAMES A. ZINK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZINK, JAMES A 1757 N BROADWAY BARTOW FL 33830-3104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1865 PINE RUN MULBERRY FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

JAMES A. ZINK

Date

4-9-01

Daytime Phone #

863-533-0647

CR2E034 (10/00)