

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91201 032 ***550.00

DOCUMENT # FO5237 ✓
1. Entity Name Best Way Travel, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 N. John Young Pkwy
Suite, Apt. #, etc.

3. Mailing Address
POB 422103
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee FL

City & State
Kissimmee FL

Zip
34741 Country
Osceola

Zip
34742 Country
Osceola

4. FEI Number
592032976

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lynn Luzadder

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

City
Orlando FL Zip Code
32804

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 Lynn Luzadder (Lynn Ann Luzadder) DATE 5/31/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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	<u>President</u> <u>Sue Luzadder</u> <u>1270 Mayfield Avenue</u> <u>Winter Park FL 32789</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Richard Luzadder</u> <u>1270 Mayfield Avenue</u> <u>Winter Park FL 32789</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec. Treas.</u> <u>Lynn Luzadder</u> <u>629 Lakeview Street</u> <u>Orlando FL 32804</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: Lynn Luzadder (Lynn Ann Luzadder) DATE 5/31/02 407-422-3356
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034B (12/01)