

DOCUMENT # F22784

1. Entity Name
PROFESSIONAL TRAVEL, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90046 010 ***150.00

Principal Place of Business
1529 S DALE MABRY HWY. 4515 George Rd
TAMPA FL 33629-5808 Suite 340
US Tampa, FL 33634

Mailing Address
1529 S DALE MABRY HWY 4515 George Rd
TAMPA FL 33629-5808 Suite 340
US Tampa, FL 33634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4515 George Road
Suite, Apt. #, etc. Suite 340

3. Mailing Address
4515 George Road
Suite, Apt. #, etc. Suite 340

City & State Tampa, FL

City & State Tampa, FL

4. FEI Number 59-2070916
Applied For
Not Applicable

Zip 33634 Country USA

Zip 33634 Country USA

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

6. Name and Address of Current Registered Agent
MUROFF, CAROL S. Suite 340
1529 S DALE MABRY HWY 4515 George Rd
PROFESSIONAL TRAVEL INC
TAMPA FL 33629-5808 33634

7. Name and Address of New Registered Agent
Name Carol S. Muroff
Street Address (P.O. Box Number is Not Acceptable) 4515 George Road Suite 340
Professional Travel Inc
City Tampa FL Zip Code 33634

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. address change

SIGNATURE Carol S Muroff CAROL S. MUROFF, PRESIDENT 1-8-01
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	
TITLE	P <input type="checkbox"/> Delete
NAME	MUROFF, CAROL S
STREET ADDRESS	801 BAYSHORE 16804 AVILA BLVD
CITY-ST-ZIP	TAMPA FL 33613
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUROFF, CAROL S
STREET ADDRESS	16804 AVILA BLVD
CITY-ST-ZIP	TAMPA FL 33613
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: Carol S Muroff CAROL S. MUROFF 1-8-01 813 806 1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #