2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90224 043 ***150.00

DOCUMENT # F74835

1. Entity Name
ALLABOARD TRAVEL AGENCY, INC.

Principal Place of Business	Mailing Address
MCMILLIAN. JAN ~~2000 N. DIXIE HWY. #8~~ ~~LAKE WORTH FL 33460~~	MCMILLIAN. JAN ~~2000 N. DIXIE HWY. #8~~ ~~LAKE WORTH FL 33460~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11924 W. Forest Hill Blvd.	11924 W. Forest Hill Blvd.
Suite, Apt. #, etc.: 22-343	Suite, Apt. #, etc.: 22-343
City & State: Wellington, FL.	City & State: Wellington FL.
Zip: 33414 Country: Palm Beach	Zip: 33414 Country: Palm Beach

4. FEI Number 65-0177886 ☐ Applied For ☐ Not Applicable

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
MCMILLIAN, JAN E ~~2000 N. DIXIE HWY. #8~~ ~~LAKE WORTH FL 33460~~	Name Street Address (P.O. Box Number is Not Acceptable): 11924 W. Forest Hill Blvd #22-343 City: Wellington FL Zip Code: 33414

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	POT MCMILLIAN, JAN E ~~2000 N. DIXIE HWY. #8~~ ~~LAKE WORTH FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11924 W. Forest Hill Blvd. #22-343 Wellington, FL. 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS PHILLIPS, MARIE ~~2000 N DIXIE HWY #8~~ ~~LAKE WORTH FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11924 W. Forest Hill Blvd. #22-343 Wellington, FL. 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHALIFOUX, GLADYS ~~2000 N DIXIE HWY #8~~ ~~LAKE WORTH FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1924 W. Forest Hill Blvd #22-343 Wellington, FL. 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Apr 02
Date

561-791-3845
Daytime Phone #