FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 07, 2000 8:00 am Secretary of State **DOCUMENT # F80323** 1. Entity Name A TRAVEL PLACE, INC. OF DAYTONA BEACH 05-07-2000 90007 026 ***150.00 Principal Place of Business Mailing Address _ BEVILLE RD 1104-B BEVILLE RD BCH FL 32114-5756 DAYTONA BCH FL 32114-5765 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2193923 Not Applicable Country Zip Country Zip **\$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 EGAN. MAXINE Street Address (P.O. Box Number is Not Acceptable) 1104-B BEVILLE RD DAYTONA BEACH FL 32114 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP Change Addition | TITLE TITLE ☐ Delete EGAN. MAXINE NAME NAME STREET ADDRESS % 157 VALENCIA DR STREET ADDRESS ORMOND BCH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change Addition TITLE EGAN, CHRISTOPHER NAME NAME STREET ADDRESS 2220 MANOR AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PORT ST. LUCIE FL Change ☐ Addition ☐ Delete SHARGN TITLE TITLE MOSEMAN, SHAORN NAME NAME STREET ADDRESS 157 VALENCIA DR. STREET ADDRESS CITY-ST-ZIP **ORMOND BEACH FL 32716** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

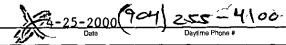
SIGNATURE SIGNATURE AND TYPED OR PRIVATE NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



Change

☐ Addition