

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F83042

FILED
Jan 08, 2009
Secretary of State

Entity Name: UNIGLOBE FOREST LAKE TRAVEL, INC.

Current Principal Place of Business:

3705 TAMPA ROAD
SUITE 20
OLDSMAR, FL 346776300 US

Current Mailing Address:

3705 TAMPA ROAD
SUITE 20
OLDSMAR, FL 346776300 US

New Principal Place of Business:

3780 TAMPA ROAD
SUITE 207
OLDSMAR, FL 346776300 US

New Mailing Address:

3780 TAMPA ROAD
SUITE 207
OLDSMAR, FL 346776300 US

FEI Number: 59-2191711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON SENGHER, BARBARA, Y
3705 TAMPA RD
SUITE 20
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

VON SENGHER, BARBARA, Y
3780 TAMPA RD
SUITE 207
OLDSMAR, FL 34677 US

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:

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VON SENGHER, BARBARA,
Address: 20 IBIS PLACE
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: HART, TERRENCE
Address: 1410 W NEW HAMPSHIRE ST
City-St-Zip: ORLANDO, FL 32804

Title: S () Delete
Name: HART, CHRISTOPHER
Address: 8548 CANTERBURY LAKE BLVD
City-St-Zip: TAMPA, FL 33619

Title: DIR () Delete
Name: THOMPSON, BERNICE DIRECT.
Address: 4123 MALLARD DR
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA Y. VON SENGHER

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date