

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90097 015 ***150.00

DOCUMENT # F92000000698

1. Entity Name
THE TRAVEL SHOPPE

Principal Place of Business 2425 MANATEE AVE BRADENTON FL 34205 US	Mailing Address 44 HUNTERS POINTE PITTSFORD NY 14534 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1334761	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, ROBERT
2425 MANATEE AVE. WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME DCP ROTH, GARY B	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 44 HUNTERS POINTE		STREET ADDRESS _____	
CITY-ST-ZIP PITTSFORD NY 14534		CITY-ST-ZIP _____	
TITLE NAME DVCS KOSOFF-ROTH, KAREN	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 44 HUNTERS POINTE		STREET ADDRESS _____	
CITY-ST-ZIP PITTSFORD NY 14534		CITY-ST-ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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: *G B Roth* Date: 4/24/01 Daytime Phone #: 716-223-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)