FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90436 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000982 ✓

1. Entity Name
WELCOME ABOARD TRAVEL SERVICES, INC.

671221

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
804 CYPRESS BLVD	804 CYPRESS BLVD
Suite, Apt. #, etc. #404 BLDG 92	Suite, Apt. #, etc. #404 BLDG 92
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33069 Country USA	Zip 33069 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2429941 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name KOVNAT, LORRAINE M
Street Address (P.O. Box Number is Not Acceptable) 804 CYPRESS BLVD
#404 BLDG 92
City POMPANO BEACH FL Zip Code 33069

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) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PCD	TITLE	
NAME	KOVNAT, LORRAINE M.	NAME	
STREET ADDRESS	804 CYPRESS BLVD #404, BLDG 92	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	KOVNAT, ARTHUR S	NAME	
STREET ADDRESS	804 CYPRESS BLVD, #404 BLDG 92	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine M Kovnat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 Date
954-974-0700 Daytime Phone #