

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90234 036 \*\*\*150.00

<b>DOCUMENT # F92000000982</b>
1. Entity Name <b>WELCOME ABOARD TRAVEL SERVICES, INC.</b>

**DO NOT WRITE IN THIS SPACE**

**11016665**

2. Principal Place of Business <b>804 CYPRESS BLVD</b> Suite, Apt. #, etc. <b>#404 BLDG 92</b>	3. Mailing Address <b>804 CYPRESS BLVD</b> Suite, Apt. #, etc. <b>#404 BLDG 92</b>
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**DO NOT WRITE IN THIS SPACE**

City & State <b>POMPANO BEACH FL</b>	City & State <b>POMPANO BEACH FL</b>	4. FEI Number <b>23-2429941</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33069</b>	Country <b>USA</b>	Zip <b>33069</b>	Country <b>USA</b>

**DO NOT WRITE IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>P C D</b>	TITLE
NAME <b>KOVNAT, LORRAINE M.</b>	NAME
STREET ADDRESS <b>804 CYPRESS BLVD #404 BLDG 92</b>	STREET ADDRESS
CITY - ST - ZIP <b>POMPANO BEACH, FL 33069</b>	CITY - ST - ZIP
TITLE <b>V</b>	TITLE
NAME <b>KOVNAT, ARTHUR S.</b>	NAME
STREET ADDRESS <b>804 CYPRESS BLVD #404 BLDG 92</b>	STREET ADDRESS
CITY - ST - ZIP <b>POMPANO BEACH, FL 33069</b>	CITY - ST - ZIP
TITLE	TITLE
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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Lorraine M. Kovnat*  
**LORRAINE M. KOVNAT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03**

Date

**954-914-0700**

Daytime Phone #