FILED
Jun 04, 2003 8:00 am
Secretary of State
06-04-2003 90099 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001051

1. Entity Name
NATIONS TRAVEL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15 BROADWAY	15 BROADWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE FL
Zip: 34741 Country:	Zip: FL34741 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 38-2901678 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PERVAIZ N. SHAIKH

Street Address (P.O. Box Number is Not Acceptable): 1984 DERBY GLEN DR.

City: ORLANDO FL Zip Code: 32837

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, type or printed name of registered agent, and the date of this event. NOTE: Registered Agent signature required when changing. 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 NAME STREET ADDRESS CITY-ST-ZIP	PERVAIZ N. SHAIKH President, Secretary TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E113A (12/00)

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: Pervaiz Shaikh 4-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date