

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006473

1. Entity Name

EXPERT TRAVEL FINANCIAL SECURITY (E.T.F.S.) INC.

R

FILED

00 JUL 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

QUEEN STREET
QUEBEC
1JC

73 QUEEN STREET
LENNOXVILLE, QUEBEC
J1M 1JC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

05/31/00 90048/00/ 150.00

4. FET Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

BURDEN, CHRISTIAN C
111 NORTH ORANGE AVENUE, SUITE 2050
ORLANDO FL 32801

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.

16 JUN 2000

SIGNATURE

Signature, typed or printed name of registered agent and vice 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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME QUELETTE, JOHANNE
STREET ADDRESS 108 TOYNBEE TRAIL, SCARBOROUGH, ONTARIO
CITY-ST-ZIP M1E 1G3

TITLE P
NAME QUELETTE, Johanne
STREET ADDRESS 108 Toynbee Trail, Scarborough, Ontario
CITY-ST-ZIP M1E 1G3

TITLE STC
NAME ALLATT, STEVE
STREET ADDRESS 23 LESLIE, NORTH HATLEY
CITY-ST-ZIP QUEBEC, JOB 2C0

TITLE C/D
NAME ALLATT, Steve
STREET ADDRESS 23 Leslie, North Hatley, Quebec
CITY-ST-ZIP JOB 2C0

TITLE D
NAME ALLATT, REG
STREET ADDRESS 2 ABBOTT STREET, LENNOXVILLE
CITY-ST-ZIP QUEBEC J1M 1G3

TITLE S/D (+CEO)
NAME ALLATT, Reg
STREET ADDRESS 2 Abbott Street, Lennoxville, Quebec
CITY-ST-ZIP J1M 1G3

TITLE D
NAME ALLATT, BRIAN
STREET ADDRESS 53 LINDSKOU
CITY-ST-ZIP NORTH HATLEY QU JOB 2C0

TITLE V/D
NAME ALLATT, Brian
STREET ADDRESS 53 LindsKow, North Hatley, Quebec
CITY-ST-ZIP JOB 2C0

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SLAMA, Patrick
STREET ADDRESS 2278 Marcotte, Canton Magog, Quebec
CITY-ST-ZIP J1X 5T7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2000 (819) 566-8833

Date

Daytime Phone

CRCE004 (9/99)

7/5