

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90143 013 ***150.00

DOCUMENT # F9900001715

1. Entity Name

TRAVEL TECHNOLOGY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

220 CONGRESS PARK DR

Suite, Apt. #, etc.

SUITE 320

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH FL

Zip

Country

Zip

Country

33445

USA

4. FEI Number

51-0388957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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) ☒

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P, S, T, D
PATRICK DOYLE
220 CONGRESS PARK DRIVE
DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP, AS, D
ROBERT J MARAIST
220 CONGRESS PARK DRIVE
DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034B (12/01)