

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004231

1. Entity Name

TRAVEL BY POWELL, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90013 021 ***158.75

Principal Place of Business

Mailing Address

504 BROADWAY, SUITE 204
GARY IN 46402

504 BROADWAY, SUITE 204
GARY IN 46402-1945

2. Principal Place of Business

360 SHERWOOD FOREST DR

3. Mailing Address

360 SHERWOOD FOREST DR

Suite, Apt. #, etc.

DELRAY BEACH FL.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

35-1832199

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, ENEZ
360 SHERWOOD FOREST DR.
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ENEZ POWELL

MARCH 21, 00

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) ☐

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. ☐

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

11. OFFICERS AND DIRECTORS

TITLE P
NAME POWELL, ENEZ
STREET ADDRESS 246 N MONTGOMERY STREET
CITY-ST-ZIP GARY IN 46403 ☐ Delete

TITLE D
NAME POWELL, MANDEVILLE
STREET ADDRESS 246 N MONTGOMERY STREET
CITY-ST-ZIP GARY IN 46403 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: ENEZ POWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 21, 00

Date

Daytime Phone #