

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G05544**

1. Entity Name

PORTS OF CALL TRAVEL, INC.**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90037 047 ***158.75

Principal Place of Business

4419 S. DEL PRADO BLVD.
CAPE CORAL FL 33904

Mailing Address

4419 S. DEL PRADO BLVD.
CAPE CORAL FL 33904

2. Principal Place of Business

4307 S. DEL PRADO BLVD

3. Mailing Address

4307 S. DEL PRADO BLVD.

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

CAPE CORAL FL

City & State

CAPE CORAL, FL

Zip

33904

Country

US

Zip

33904

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2277984**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLISANO, VINCENT G.
4419 S. DEL PRADO BLVD.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

TOLISANO, VINCENT G.

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

4307 S. DEL PRADO BLVD.

City

CAPE CORAL,

FL

Zip Code

33904

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 **VINCENT G. TOLISANO**

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

Vincent G. Tolisano

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOLISANO VINCENT G. 4419 S. DEL PRADO BLVD. CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DEMARIA, MARJORIE 4419 S. DEL PRADO BLVD. CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMARIA, MARJORIE 4419 S. DEL PRADO BLVD. CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARJORIE DE MARIA** *Marjorie de Maria*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

941-945-7775

Daytime Phone #

CR2E034 (10/00)