2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90565 024 ***150.00

DOCUMENT # G53590

1. Entity Name
SCHULMAN TRAVEL SERVICES, INC.

Principal Place of Business	Mailing Address
9050 PINES BLVD #370 PEMBROKE PINES FL 33024 US	9050 PINES BLVD #370 PEMBROKE PINES FL 33024 US
2. Principal Place of Business: 211 NW 201 AV	3. Mailing Address: P.O. Box 297526
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33029 Country: USA	Zip: 33029 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2315678 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULMAN, J. L.
9050 PINES BL SUITE 370
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name: J. L. Schulman
Street Address (P.O. Box Number is Not Acceptable): 211 NW 201 Ave
City: Pembroke Pines FL Zip Code 33029

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 Jackie L. Schulman 1-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHULMAN, JACKIE 9050 PINES BOULEVARD, #370 HOLLYWOOD FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 211 NW 201 Ave Pembroke Pines, FL 33029	☒ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/16/03 9544331140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #