

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G70980

1. Entity Name

TRAVEL SVS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90240 047 ***150.00

Principal Place of Business

Mailing Address

811 HAMMOCKWOOD CRT.

811 HAMMOCKWOOD CRT.

1
SARASOTA FL 34232

1
SARASOTA FL 34232-2551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2330652

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

GOLDBERGER, WILLIAM E., JR.
811 HAMMOCKWOOD CRT.
SARASOTA FL 34232

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GOLDBERGER, WILLIAM E., JR.	811 HAMMOCKWOOD CRT.	SARASOTA FL 34232	<input type="checkbox"/>
VP	GOLDBERGER, SARAH A MCGI	811 HAMMOCKWOOD CRT.	SARASOTA FL 34232	<input type="checkbox"/>
VP	GOLDBERGER, DIANE LEE	1650 162ND ST.	MIAMI FL 33017	<input type="checkbox"/>
V	GOLDBERGER, CARMEN CASSA	811 HAMMOCKWOOD CRT.	SARASOTA FL 34232	<input type="checkbox"/>
VP	GOLDBERGER, ROBERT E.	19343 NW 11TH ST	PEMBROKE PINES FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/00
Date

(941) 379-8031
Daytime Phone #

CR2E034 (9/99)