

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90255 004 ***150.00

DOCUMENT # G78196

1. Entity Name
TRAVEL GALLERY, INC.

Principal Place of Business
**5343 SOUTH FLORIDA AVENUE
 LAKELAND FL 33813**

Mailing Address
**5343 SOUTH FLORIDA AVENUE
 LAKELAND FL 33813**

C0015397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2382601**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**GUTIERREZ, CYNTHIA G.
 924 HAMILTON PL DR
 LAKELAND FL 33813**

Name
NOEL R GILBREATH
 Street Address (P.O. Box Number is Not Acceptable)
1431 E GLENDALE
LAKELAND FL 33803
 City **FL** Zip Code **33803**

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 *Noel Gilbreath* **NOEL GILBREATH** 1-18-01
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, 2001 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 **VD** ☐ Delete
 NAME **GILBREATH, NOEL R**
 STREET ADDRESS **1431 E GLENDALE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **PT, VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PT** ☒ Delete
 NAME **GUTIERREZ, CYNTHIA G.**
 STREET ADDRESS **924 HAMILTON PL DR**
 CITY-ST-ZIP **LAKELAND FL**

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

TITLE **S** ☐ Delete
 NAME **MAXON, CHERYL L**
 STREET ADDRESS **2401 HWY 39 S**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2942 PAUL BUCHMAN HWY**
 CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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: *Cheryl L Maxon* 1-16-01 863 646-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)