

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90681 001 \*\*\*750.00

**DOCUMENT # H05960**

1. Entity Name  
**TRAVEL PLUS NETWORK, INC.**

Principal Place of Business  
~~10033 SAWGRASS DRIVE WEST~~  
~~SUITE 101~~  
**PONTE VEDRA BCH. FL 32082-0410**

Mailing Address  
~~100 EXECUTIVE WAY, STE. 110~~  
~~P.O. BOX 410~~  
~~PONTE VEDRA BCH. FL 32082-0410~~  
**32082-0410**



2. Principal Place of Business  
**155 Professional Drive**  
 Suite, Apt. Etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Ponte Vedra Bch, FL**

City & State

4. FEI Number **59-2447217**

Applied For  
 Not Applicable

Zip **32082** Country **USA**

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

**THOMAS N. KAY**  
~~10033 SAWGRASS DRIVE WEST~~  
~~#101~~  
**PONTE VEDRA BCH. FL 32082**

Name

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

**155 Professional Drive**

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

*Thomas N. Kay*

**4/22/02**

Signature, typed or printed name of registered agent and date 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, 2002 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	Delete
	<b>KAY, THOMAS N.</b>	<del>10033 SAWGRASS DRIVE WEST SUITE 101</del>	<del>PONTE VEDRA BEACH FL 32082</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<b>155 Professional Drive</b>		<input checked="" 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"/>
				<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:

*Thomas N. Kay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**

Date

**904 285 5157**

Daytime Phone #

CR2E034 (9/01)