2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05960

1. Entity Name
TRAVEL PLUS NETWORK, INC.

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91837 003 ***150.00

Principal Place of Business	Mailing Address
~~10033 SAWGRASS DRIVE WEST~~	~~100 EXECUTIVE WAY, STE. 110~~
~~SUITE 101~~	P.O. BOX 410
PONTE VEDRA BCH. FL 32082-0410	PONTE VEDRA BCH. FL ~~32082-0410~~ 32004-0410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 155 Professional Drive
Suite, Apt. #, etc.:
City & State: Ponte Vedra Bch, FL
Zip: 32082 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number 59-2447217 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
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: [signature] Thomas N. Kay President (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/23/03

9. This corporation is eligible to satisfy Tax filing requirement and elects to ... (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	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KAY, THOMAS N.	NAME	
STREET ADDRESS	~~10033 SAWGRASS DRIVE WEST SUITE 101~~	STREET ADDRESS	155 Professional Drive
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4/23/03 904 285 5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #