

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90184 001 ***300.00

DOCUMENT # H56598

1. Entity Name
REYNOLDS TRAVEL, INC.

Principal Place of Business Mailing Address
 1764 SE PORT ST. LUCIE BLVD. 1764 SE PORT ST. LUCIE BLVD.
 PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952

2. Principal Place of Business 3. Mailing Address
1327 NW ST. Lucie W. Blvd **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port St Lucie, FL
 Zip Country Zip Country
34986 **US**

4. FEI Number **59-2553771** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CATALDO, ANTONIO
675 HIDDEN RIVER DR.
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALDO, GRACE		NAME		
STREET ADDRESS	675 HIDDEN RIVER DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALDO, ANTONIO		NAME		
STREET ADDRESS	675 HIDDEN RIVER DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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: Grace Cataldo 3-19-01 561-878-6209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)