

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58858

1. Entity Name

TRAVELTYME, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90169 004 ***150.00

Principal Place of Business

Mailing Address

3280 S. ATLANTIC AVE.
SUITE A
DAYTONA BEACH SHORES FL 32118-6261

3280 S. ATLANTIC AVE.
SUITE A
DAYTONA BEACH SHORES FL 32118-6261

2. Principal Place of Business

3. Mailing Address

3280 S. ATLANTIC

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAYTONA BCH, FLA.

City & State

4. FEI Number 59-2525963

Applied For

Not Applicable

Zip

Country

Zip

Country

32118

USA

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

GILL, ERIC V.
4393 RIDGEWOOD AVE.
SUITE 5
PORT ORANGE FL 32019

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

Nancy Lilly

NANCY LILLY

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 V
NAME LILLY, JAMES
STREET ADDRESS 59 BEACH STREET
CITY-ST-ZIP PONCE INLET FL ☐ Delete

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

TITLE P
NAME LILLY, NANCY ELLEN
STREET ADDRESS 4590 S ATLANTIC AVE, #21
CITY-ST-ZIP PONCE INLET FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Nancy C. Lilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00

904-767-6551

CR2E034 (9/99)