2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **H62583** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name T.A.S. TRAVEL, INC. 04-20-2000 90108 016 ***150.00 Mailing Address Principal Place of Business P.O. BOX 4121 500 S US 1 FT PIERCE FL 34950 FT PIERCE FL 34948-4121 us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2536015 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - --6. Name and Address of Current Registered Agent Name LLOYD, VINCENT A. Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH SECOND STREET FT PIERCE FL 34982 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE LLOYD, VINCENT A NAME NAME 201 S. SECOND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL ☐ Change Addition ☐ Delete TITLE TITI F LIENHARD, RITA NAME NAME 2507 TWIG LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL Addition - Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not, indicated on this report or supplemental report of the corporation of the receiver or flustee exist. accurate execute Daytime Phone

IGNING OFFICER OR DIRECTOR