

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H81743

FILED  
Apr 01, 2003  
Secretary of State

Entity Name: STRICKLAND TRAVEL, INC.

**Current Principal Place of Business:**

D/B/A ADVANCED TRAVEL SERVICES  
1535 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

D/B/A ADVANCED TRAVEL SERVICES  
1535 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-2608390      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRICKLAND, WILLIAM HARRISON  
1535 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32308      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HORNER, KELLIE  
Address: 614 BETH PAGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete  
Name: STRICKLAND, WILLIAM H  
Address: 2624 YABMOUTH LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: ALLEN, SARA F  
Address: 13177 OLD SETTLEMENT ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLIE HORNER

P

04/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date