

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H83749

1. Entity Name

THE PEOPLE'S TRAVEL CENTER INTERNATIONAL, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90029 026 \*\*\*158.75

Principal Place of Business

2843 47TH ST.  
SARASOTA FL 34234

Mailing Address

2843 47TH ST.  
SARASOTA FL 34234

2. Principal Place of Business

1751 Mound St.

3. Mailing Address

1751 Mound St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 107

Suite # 107

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

Country

34236

USA

Zip

Country

34236

USA

4. FEI Number

59-2596501

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HYSELL, RICHARD W.  
2843 47TH ST.  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name Richard W. Hyse

Street Address (P.O. Box Number is Not Acceptable)

1751 Mound St. #107

City

Sarasota

FL

Zip Code

34236

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HYSELL, PATRICIA E	
STREET ADDRESS	2843 47TH ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HYSELL, RICHARD W.	
STREET ADDRESS	2843 47TH ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard N. Hyse	
STREET ADDRESS	1751 Mound St. #107	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Richard N. Hyse Richard N. Hyse

Date

Daytime Phone #

(941) 957-4880  
5/1/01 (941) 544-4691

CR2E034 (10/00)