

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J02005**

1. Entity Name

**A. J. TRAVELMART, INC.****FILED****Feb 02, 2000 8:00 am  
Secretary of State**

02-02-2000 90114 012 \*\*\*150.00

Principal Place of Business

Mailing Address

JAMES NICHOLS

JAMES NICHOLS

2575 HARN BLVD.

2575 HARN BLVD.

CLEARWATER FL 33764

CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2608842

Applied For

Not Applicable

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

NICHOLS, JAMES

2575 HARN BLVD.

CLEARWATER FL 33764

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/00

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	PTD	<input type="checkbox"/> Delete
NAME	NICHOLS, JAMES	
STREET ADDRESS	2575 HARN BLVD.	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VS	<input type="checkbox"/> Delete
NAME	NICHOLS, ANASTASIA S	
STREET ADDRESS	2575 HARN BLVD.	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, NIKI MARIE	
STREET ADDRESS	2575 HARN BOULEVARD	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Alvey, Niki Marie
STREET ADDRESS	2575 Harn Blvd
CITY-ST-ZIP	Clearwater FL

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, GEORGE	
STREET ADDRESS	2575 HARN BOULEVARD	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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:

James J. Nichols

1/31/00 727-536-7868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)