

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0458499 AV

DOCUMENT # J02005

1. Entity Name
A. J. TRAVELMART, INC.

04-09-2002 91164 011 ***150.00

Principal Place of Business
% JAMES NICHOLS
2575 HARN BLVD.
CLEARWATER FL 33764

Mailing Address
% JAMES NICHOLS
2575 HARN BLVD.
CLEARWATER FL 33764



2. Principal Place of Business
1537 Beverly Dr.
 Suite, Apt. #, etc.

3. Mailing Address
1537 Beverly Dr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater
FL
Zip 33764 **Country** USA

City & State
Florida
Zip 33764 **Country** USA

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

NICHOLS, JAMES
2575 HARN BLVD.
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name James Nichols
Street Address (P.O. Box Number is Not Acceptable)
1537 Beverly Dr.
City Clearwater **FL** **Zip Code** 33764

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

(NOTE: Registered Agent signature required when reinstating)

DATE 11/15/02

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	NICHOLS, JAMES	
STREET ADDRESS	2575 HARN BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NICHOLS, ANASTASIA S	
STREET ADDRESS	2575 HARN BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVEY, NIKIMARIE	
STREET ADDRESS	2575 HARN BOULEVARD.	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1537 Beverly Dr.
CITY-ST-ZIP	Clearwater FL 33764
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1537 Beverly Dr.
CITY-ST-ZIP	Clearwater FL 33764
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1537 Beverly Dr.
CITY-ST-ZIP	Clearwater FL 33764
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1537 Beverly Dr.
CITY-ST-ZIP	Clearwater FL 33764
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: *James G. Nichols, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 11/15/02 **DAYTIME PHONE #** 727 460 7640

CR2E034 (9/01)