

DOCUMENT # J11159

1. Entity Name
EGO TRIPS, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90015 024 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2810-C INDUSTRIAL PLAZA DR TALLAHASSEE FL 32301 US		Mailing Address 2810-C INDUSTRIAL PLAZA DR TALLAHASSEE FL 32301 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2671018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STARK, SANDRA JAYNE 9364 BUCKHAVEN TR TALLAHASSEE FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2020 RAIN VALLEY COURT City TALLAHASSEE FL Zip Code 32308	
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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: DATE: **1-4-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete STARK, SANDRA JAYNE 9364 BUCKHAVEN TR TALLAHASSEE FL 32312	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2020 RAIN VALLEY COURT Tallahassee, FL 32308
TITLE DVS	<input type="checkbox"/> Delete STARK, CHARLES R. 4389 KENSINGTON ROAD TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT	<input type="checkbox"/> Delete STARK, MILDRED S. 4389 KENSINGTON RD. TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: (SANDRA STARK) DATE: **1/4/01** DAYTIME PHONE #: **850-878-6990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)