

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90064 030 ***150.00

DOCUMENT # J33068

1. Entity Name

ALL WORLD TRAVEL AGENCY OF COCOA BEACH, INC.

Principal Place of Business

Mailing Address

% HOWARD MCCABE
 1325 NORTH ATLANTIC AVE
 COCOA BEACH FL 32931

% HOWARD MCCABE
 1325 NORTH ATLANTIC AVE
 COCOA BEACH FL 32931-3279

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2733959**

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

MCCABE, HOWARD
 1325 NORTH ATLANTIC AVENUE
 COCOA BEACH FL 32931

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

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 **DP**
 NAME **MCCABE, HOWARD**
 STREET ADDRESS **1325 N. ATLANTIC AVE**
 CITY-ST-ZIP **COCOA BEACH FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **MCCABE, NANCY S.**
 STREET ADDRESS **1325 N. ATLANTIC AVE**
 CITY-ST-ZIP **COCOA BEACH FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DV**
 NAME **WOJNOWSKI, KAREN**
 STREET ADDRESS **3470 HOLLY SPRINGS RD**
 CITY-ST-ZIP **MELBOURNE FL 32934**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DS**
 NAME **WOJNOWSKI, DONALD**
 STREET ADDRESS **3470 HOLLY SPRINGS RD**
 CITY-ST-ZIP **MELBOURNE FL 32934**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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: Howard McCabe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 407-783-8500
 Date Daytime Phone #

CR2E034 (9/99)