

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90018 028 ***150.00

0667641 AV

DOCUMENT # J58647

1. Entity Name

ADVENTURES UNLIMITED TRAVEL, INC.

Principal Place of Business

**45 KINDRED STREET
 STUART FL 34994
 US**

Mailing Address

**45 KINDRED STREET
 STUART FL 34994
 US**

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

59-2780512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TALBOT, DAWN ELAINE
 49 OW MONTEREY ROAD, SUITE 62
 SUITE 7
 STUART FL 34994**

45 KINDRED ST.

7. Name and Address of New Registered Agent

Name *RICHARD R. NUNN*
 Street Address (P.O. Box Number is Not Acceptable)
45 S.E. KINDRED ST
 City *STUART* FL Zip Code *34994*

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, 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	P	☐ Delete
NAME	NUNN, RICHARD R.	
STREET ADDRESS	4311 SE GENEVA DRIVE	
CITY-ST-ZIP	STUART FL	
TITLE	ST	☐ Delete
NAME	TALBOT, DAWN ELAINE	
STREET ADDRESS	4311 SE GENEVA DRIVE	
CITY-ST-ZIP	STUART FL	
TITLE	V	☐ Delete
NAME	NUNN, PEGGY A.	
STREET ADDRESS	4311 SE GENEVA DRIVE	
CITY-ST-ZIP	STUART FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 R. Nunn* *Richard R. Nunn* *2/22/02* *561-286-0777*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)