

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91330 032 ***150.00

DOCUMENT # J59604

1. Entity Name
G.M.O. TRAVEL, INCORPORATED



Principal Place of Business
**777 EAST PORT ROAD
RIVIERA BEACH FL 33404**

Mailing Address
**777 EAST PORT ROAD
RIVIERA BEACH FL 33404**



2. Principal Place of Business

One East Eleventh Street

Suite, Apt. #, etc.

Suite 200

City & State

Riviera Beach, Florida

Zip
33404

Country
U.S.A.

3. Mailing Address

One East Eleventh Street

Suite, Apt. #, etc.

Suite 200

City & State

Riviera Beach, Florida

Zip
33404

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2779717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KENNETH GOLDBERG
777 EAST PORT ROAD
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

One East Eleventh Street, Suite 200

City

Riviera Beach

FL

Zip Code

33404

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Kenneth Goldberg

April 15, 2003

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MCTIGHE, JOHN M.	
STREET ADDRESS	777 E PORT RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MURRAY, FRANCIS X	
STREET ADDRESS	777 E PORT RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEO, FRANK A	
STREET ADDRESS	777 E PORT RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, FRANCIS W	
STREET ADDRESS	777 E PORT RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARIUCCI, JOHN V	
STREET ADDRESS	777 E PORT RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McTighe, John M.	
STREET ADDRESS	One East Eleventh Street, Suite 500	
CITY-ST-ZIP	Riviera Beach, Florida 33404	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murray, Francis X.	
STREET ADDRESS	One East Eleventh Street, Suite 500	
CITY-ST-ZIP	Riviera Beach, Florida 33404	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leo, Frank A.	
STREET ADDRESS	One East Eleventh Street, Suite 500	
CITY-ST-ZIP	Riviera Beach, Florida 33404	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murray, Francis W.	
STREET ADDRESS	211 Benigno Boulevard, Suite 210	
CITY-ST-ZIP	Bellmawr, New Jersey 08031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Francis X Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis X Murray

April 15, 2003

561-845-2101

Date

Daytime Phone #

CR2E034 (10/02)