

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90233 040 ***150.00

DOCUMENT # U 613 78

1. Entity Name

First Class Travel Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

925 Forest St
Suite, Apt. #, etc.

3. Mailing Address

2456 Southside Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jax FL
Zip 32204 Country USA

City & State

Jax FL
Zip 32216 Country USA

4. FEI Number

59-2784268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Fred Elephant

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

100 Laura St.

City

Jax

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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.

Registered Agent signature required when reinstating)

DATE

4-29-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D. NAME Lolita B. Clark
STREET ADDRESS 2456 Southside Blvd
CITY-ST-ZIP Jax FL 32216

TITLE D. NAME Lawrence G. Clark
STREET ADDRESS 2456 Southside Blvd
CITY-ST-ZIP Jax FL 32216

TITLE VP NAME Brady L. Clark
STREET ADDRESS 1910 Jason Scott Rd
CITY-ST-ZIP Jax FL 32216

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lolita B. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

904-724-8635

Daytime Phone #