

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JAN 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J64944

1. Entity Name
TRAVELON SERVICES, INC

Principal Place of Business Mailing Address
110 LITIA PINECREST P.O. BOX 2195
BRANDON, FLA 33511 SEAFORD FLA 33583-2195

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. 4B4 Suite, Apt. #, etc.

City & State BRANDON FLA City & State

Zip 33511 Country IN 16610 Zip Country

4. FEI Number 59-2798234 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

R.W. Gilliam
110 LITIA PINECREST
SUITE E
BRANDON, FLA 33511

7. Name and Address of New Registered Agent

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 R.W. Gilliam

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, 2001 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 NAME R.W. Gilliam ☐ Delete
STREET ADDRESS 110 LITIA PINECREST STE 'E'
CITY-ST-ZIP BRANDON, FLA 33511

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME 800003576438 ☐ Addition
STREET ADDRESS -01/26/01--01051--003
CITY-ST-ZIP *****150.00 *****150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
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: R.W. Gilliam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01 (813) 65-7841

Date

Daytime Phone #

CR2E034 (11/00)