

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90260 041 ***150.00

DOCUMENT # J95519

1. Entity Name

UNIGLOBE TRAVEL (TRANS AMERICA), INC.



Principal Place of Business

1199 WEST PENDER STREET, SUITE 900
VANCOUVER, BRITISH COLUMBIA, CANADA
V6E 2R1, XX

Mailing Address

1199 WEST PENDER STREET, SUITE 900
VANCOUVER, BRITISH COLUMBIA, CANADA
V6E 2R1, XX

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2994647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEYER, DAVID A.
% RUDNICK & WOLFE
101 E. KENNEDY BLVD., #2000
TAMPA, FL 33602-2133

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution? ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	CHARLWOOD, GARY
STREET ADDRESS	900-1199 W PENDER
CITY-ST-ZIP	VANCOUVER, BC
TITLE	ST
NAME	BARTRAM, TRACY
STREET ADDRESS	#900-1199 W. PENDER ST.
CITY-ST-ZIP	VANCOUVER, BC,
TITLE	DP
NAME	CHARLWOOD, MARTIN
STREET ADDRESS	#900-1199 W PENDER
CITY-ST-ZIP	VANCOUVER, BC
TITLE	D
NAME	SNYDER, STEPHEN, H
STREET ADDRESS	3001 BETHEL RD.
CITY-ST-ZIP	COLUMBUS, OH
TITLE	D
NAME	LAWBY, DONALD
STREET ADDRESS	#900-1199 W PENDER
CITY-ST-ZIP	VANCOUVER, BC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Tracy Bartram

04/15/05

(604) 718-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #