

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**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



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000915116  
05/09/08-80002-012 150.00

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	LAWBY, DONALD
STREET ADDRESS	#900-1199 W PENDER
CITY-ST-ZIP	VANCOUVER, BC

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 22/08 60718-2600