

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01821

1. Entity Name

ACCENT TRAVEL ON THE TREASURE COAST, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90226 037 ***150.00

Principal Place of Business

Mailing Address

2446 SE FEDERAL HWY
STUART FL 34994

2446 SE FEDERAL HWY
STUART FL 34994-4531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3311 S.E. FAIRWAY WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
STUART FL

4. FEI Number 65-0014307

Applied For

Not Applicable

Zip

Country

Zip

Country

34997

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COWAN, DANIEL A

~~1031 SE ST. LUCIE BLVD.~~ 3311 SE FAIRWAY WEST
STUART FL ~~34996~~ 34997

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME COWAN, DANIEL A.
STREET ADDRESS 1931 SE ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL ☐ Delete

TITLE P
NAME COWAN, DANIEL A.
STREET ADDRESS 3311 S.E. FAIRWAY WEST
CITY-ST-ZIP STUART FL 34997 ☐ Change ☐ Addition

TITLE V
NAME COWAN, MARY W
STREET ADDRESS 1931 S.E. ST. LUCIE BLVD
CITY-ST-ZIP STUART FL ☐ Delete

TITLE V
NAME COWAN, MARY W.L.
STREET ADDRESS 3311 S.E. FAIRWAY WEST
CITY-ST-ZIP STUART, FL 34997 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY W. COWAN

Date

(561) 287-8368

Daytime Phone #

CR2E034 (9/99)