

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90165 036 \*\*\*150.00

**DOCUMENT # K07399**

1. Entity Name  
**ORANGE AND BLUE TRAVEL INC.**

Principal Place of Business

~~205 NE 10 AVE.~~  
**GAINESVILLE FL 32601**  
**US**

Mailing Address

~~205 NE 10 AVE.~~  
**GAINESVILLE FL 32601**  
**US**



2. Principal Place of Business

**5628 SW 104 TERR**  
 Suite, Apt. #, etc.

3. Mailing Address

**5628 SW 104 TERR**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**GAINESVILLE FL**

City & State

**GAINESVILLE FL**

4. FEI Number

**59-2859677**

Applied For

Not Applicable

Zip

Country

**32608**

**US**

Zip

Country

**32608**

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MYERS, MAUREEN**  
**205 NE 10 AVE.**  
**GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

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

**5628 SW 104 TERR**

City

**GAINESVILLE**

FL

Zip Code

**32608**

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.

*Maureen Myers*  
 SIGNATURE

**MAUREEN MYERS**

**4-16-02**

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MYERS, MAUREEN</b>	
STREET ADDRESS	<b>5628 SW 104 TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

*Maureen Myers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAUREEN MYERS**  
 Date

**4/16/02 354 377-2277**  
 Daytime Phone #

CR2E034 (9/01)