

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90681 001 ***750.00

DOCUMENT # K70271

1. Entity Name
TRAVELALERT, INC.

Principal Place of Business

~~10033 SAWGRASS DRIVE WEST~~ **155 P**
~~SUITE 101~~
PONTE VEDRA BEACH FL 32082

Mailing Address

% THOMAS N. KAY
P. O. BOX 410
PONTE VEDRA BEACH FL 32004-0410



2. Principal Place of Business

155 Professional Dr.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach, FL

City & State

4. FEI Number **59-2934276**

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

Country

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

KAY, THOMAS N.

~~10033 SAWGRASS DRIVE WEST SUITE 101~~
PONTE VEDRA BEACH FL 32802

Name

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

155 Professional Drive

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

4/22/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
KAY, THOMAS N.
STREET ADDRESS ~~10033 SAWGRASS DRIVE WEST #101~~
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **155 Professional Drive**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 Date

904 285 5151 Daytime Phone #

CR2E034 (9/01)