

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90212 047 ****50.00

DOCUMENT # L01000009533

1. Entity Name
A-Z TRAVEL, LLC

DO NOT WRITE IN THIS SPACE

966103

2. Principal Place of Business 3300 BONITA BEACH RD		3. Mailing Address SAME	
Suite, Apt. #, etc. #126		Suite, Apt. #, etc.	
City & State BONITA SPRINGS FL		City & State	
Zip 34134	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3732104		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name WIEBEL, HENNELLS & CARUFE, P.A. Street Address (P.O. Box Number is Not Acceptable) 9240 BONITA BEACH RD # 3305 City BONITA SPRINGS FL Zip Code 34135		

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 *Delida Carufe* **CPA** **4/29/02**
 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) ☒

January 1 - May 1 Fee is \$150.00 50.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER AMANDA WITTER 8900 BRIGHTON LANE BONITA SPRINGS FL 34135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Amanda Witter* **AMANDA WITTER** **4/29/02** **941.949.5913**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034B (12/01)