## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State DOCUMENT # L01000020032 05-06-2002 90125 003 \*\*\*\*50.00 1. Entity Name CP TRAVEL, LLC Principal Place of Business Mailing Address OBOHN 10901 BRIGHTON BAY BLVD., NE. SUITE 3112 10901 BRIGHTON BAY BLVD., NE. SUITE 3112 ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Ζiρ Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -HOLTZAPPLE, MICHAEL L 10901 BRIGHTON BAY BLVD., NE, SUITE 3112 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33716 City 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 eignature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE CHAEL L. HOLTZAPPLE DOWN TITLE NAME Change ☐ Addition 80 NAME STREET ADDRESS protion bay brud he STREET ADDRESS CITY-ST-ZIP CR2E083 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chance. NAME - Addition NAME -STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete FITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7ITLE Delete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED