

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90687 049 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30045801

DOCUMENT # L02000007928 1. Entity Name ITRAVELINK.COM, LLC			
Principal Place of Business 5148 CONROY RD., STE. 1216 ORLANDO, FL 32819		Mailing Address 5148 CONROY RD., STE. 1216 ORLANDO, FL 32819	
2. Principal Place of Business 8280 College Parkway Suite, Apt. #, etc. Suite 103 City & State Ft. Myers, Florida Zip 33919		3. Mailing Address Same Suite, Apt. #, etc. City & State Orlando Zip Country	
4. FEI Number 75-3038731		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent GREELEY, JOHN P 5148 CONROY RD., STE. 1216 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name K. Michael Swann Street Address (P.O. Box Number is Not Acceptable) 301 East Pine St., Suite 1020 City Orlando FL Zip Code 32801	
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. I am familiar with, and accept the obligations of Registered agent. SIGNATURE <u><i>K. Michael Swann</i></u> DATE <u>2/13/03</u> (NOTE: Registered Agents signature required when resigning)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 506, Florida Statutes.			
SIGNATURE: <u><i>Kent Riedesel</i></u> DATE <u>2/13/03</u>		DAYTIME PHONE # <u>739-433-9114</u>	

CR2E083 (10/02)