

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 104103

1. Entity Name

TRANSCONTINENTAL TRAVEL LEASING CORPORATION

FILED

02 MAR -4 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2033 MAIN ST. SUITE 304

Suite, Apt. #, etc.
P.O. BOX 49196.

3. Mailing Address

P.O. BOX 49196

Suite, Apt. #, etc.
P.O. BOX 49196

City & State
SARASOTA, FLORIDA

City & State
SARASOTA, FLORIDA

Zip 34237

Country U.S.A.

Zip 34230

Country U.S.A.

4. FEI Number

65-0135100

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CZEISLER, LUDWIG

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

1241 GULF OF MEXICO DRIVE

LONGBOAT KEY, #407

City LONGBOAT KEY

FL

34228

DO NOT WRITE
IN THIS SPACE

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.

add per Lucia M. Jolk
3/4/02

SIGNATURE

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
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 DP
NAME CZEISLER, LUDWIG APT 407
STREET ADDRESS 1241 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE V
NAME CZEISLER, FRANZ APT 407
STREET ADDRESS 1241 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP
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****158.75 ****158.75

TITLE V
NAME CZEISLER, FRANZ APT 407
STREET ADDRESS 1241 GULF OF MEXICO DRIVE
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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

Ludwig Czeisler: LUDWIG CZEISLER

2.25.02.(941)316-0947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

12M
3/4/02