2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L12298 Mar 24, 2000 8:00 am 1. Entity Name Secretary of State SANIBEL TRAVEL, INC. 03-24-2000 90021 030 ***150.00 Mailing Address Principal Place of Business 2402 PALM RIDGE ROAD 2402 PALM RIDGE ROAD SANIBEL FL 33957-3222 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0138286 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HITT, LISETTE Street Address (P.O. Box Number is Not Acceptable) 2402 PALM RIDGE ROAD SANIBEL FL 33957 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE HITT, LISETTE NAME NAME 2402 PALM RIDGE RD. STREET ADDRESS STREET ADDRESS SANIBEL FL CITY-ST-ZIP CITY-ST-ZIP STD ☐ Change Addition ☐ Delete TITLE TITLE HUMPHREYS, DEBRA L. NAME 2402 PALM RIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL FL CITY-ST-ZIF · - - Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

3-17-00

941) 472-1923

Daytime Phone