

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90101 009 \*\*\*150.00

**DOCUMENT # L29077**

1. Entity Name  
**FIRST TRAVEL, INC.**

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Principal Place of Business      Mailing Address

**337 S. PLANT AVE.  
TAMPA FL 33606  
US**      **337 S. PLANT AVE.  
TAMPA FL 33606-2325  
US**

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

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City & State      City & State

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Zip      Country      Zip      Country

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**4. FEI Number 59-2976997**      Applied For  
Not Applicable

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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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**6. Name and Address of Current Registered Agent**

**EBBERT, DONALD E.  
337 S. PLANT AVE.  
TAMPA FL 33606**

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**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code



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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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                     |                                                                                                                               | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>LOWDEN, DIANNE</b><br><b>8908 N. WILLOW AVE.</b><br><b>TAMPA FL</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VDST</b><br><b>EBBERT, DONALD E.</b><br><b>341 SOUTH PLANT AVENUE</b><br><b>TAMPA FL</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____<br>_____<br>_____<br>_____ <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Donald E. Ebbert      Date: 4-10-07      Daytime Phone #: 813-253-2007

CR2E034 (9/99)