

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90226 013 ***150.00

DOCUMENT # L39742

1. Entity Name
DIVERSIFIED TRAVEL PLANNERS, INC.



Principal Place of Business

5482 CENTRAL FL PKWY
ORLANDO FL 32821
US

Mailing Address

5482 CENTRAL FL PKWY
ORLANDO FL 32821
US

2. Principal Place of Business

6300 PARC CORNICHE DR
Suite, Apt. #, etc.

3. Mailing Address

6300 PARC CORNICHE DR
Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32821

Country

USA

Zip

32821

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2981358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLINGTON RESORT MGT INC
5482 CENTRAL FLORIDA PKWY
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name **Wellington Resort Mgt Inc**
Street Address (P.O. Box Number is Not Acceptable)

6300 PARC CORNICHE DR

City

ORLANDO

FL

Zip Code

32821

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STPD	<input type="checkbox"/> Delete
NAME	DEMKO, JOSEPH	
STREET ADDRESS	5482 CENTRAL FL PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 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

Date

Daytime Phone #

Joseph G. Demko

2/12/03

407 387 3002