

2001 UNIFORM BUSINESS REPORT (UBR)

2/6

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-06-2001 90242 045 ***150.00

DOCUMENT # L76050

1. Entity Name

THE WESTMINSTER P.M. TRAVEL CO., INC.

Principal Place of Business

**C/O PATRICIA MARGARET EADS
604 N 3RD ST
JACKSONVILLE FL 32250**

Mailing Address

**C/O PATRICIA MARGARET EADS
604 N 3RD ST
JACKSONVILLE FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3037863**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EADS, PATRICIA MARGARET
16 LADYFISH STREET
PONTE VEDRA BEACH FL 32082**

Name

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

City

FL

Zip Code

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	EADS, PATRICIA MARGARET	
STREET ADDRESS	16 LADYFISH STREET	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	EADS, HAROLD DAVID	
STREET ADDRESS	16 LADYFISH ST	
CITY-ST-ZIP	PONTE VIEDRA BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	EADS, DAVID	
STREET ADDRESS	16 LADYFISH STREET	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 20 2001 (904) **247-4747**

CR2E034 (10/00)