

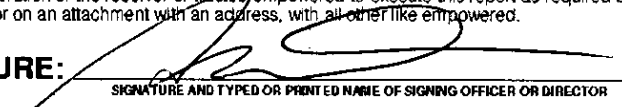


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*Amended  
FILED*

03 OCT -8 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L81567			
1. Entity Name <b>COLEMAN TRAVEL CORPORATION</b>			
Principal Place of Business <del>610 DOUGLAS S. COLEMAN</del> <i>Delete</i> 4000 ST. JOHNS AVENUE JACKSONVILLE, FL 32205		Mailing Address <del>610 DOUGLAS S. COLEMAN</del> <i>Delete</i> 4000 ST. JOHNS AVENUE JACKSONVILLE, FL 32205	
2. Principal Place of Business <b>4000 ST JOHN'S AVE</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE, FL</b>		City & State	
Zip <b>32205</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>59-3011552</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PAPA, GUIDO</b> 4000 ST. JOHNS AVENUE JACKSONVILLE, FL 32205  <b>OWNER</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10/08/03--01041--001 #61.25</b> <b>300023644843</b> City <b>10/08/03--01041--FL #61.25</b>	
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 		DATE <b>9/18/03</b>	
SIGNATURE, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		<b>\$61.25</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <del>COLEMAN, DOUGLAS S</del> <i>Delete</i> 3885 ST. JOHNS AVENUE JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES: GUIDO PAPA</b> <input type="checkbox"/> Delete 4000 ST JOHN'S AVE JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE <b>9/18/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (10/02)