


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90093 035 ***150.00

DOCUMENT # L93508
1. Entity Name
Universal Travel Consultants, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
740 Florida Blvd.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Altamonte Sp FL

City & State
Altamonte Sp FL

Zip
32701 Country
Seminole

Zip
32701 Country
Seminole

4. FEI Number
59-3072843 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Carol Kemp

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

City
Altamonte Sp FL Zip Code
32701

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 Carol Kemp DATE 8-4-03
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE <u>President</u>	NAME <u>Carol Kemp</u>	TITLE	
STREET ADDRESS <u>740 Florida Blvd</u>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <u>Altamonte Sp, FL 32701</u>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol A. Kemp DATE 8-4-03 DAYTIME PHONE # 407-999-9824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Attachments
80137067

L93508

8-4-03

I was told the late fee
would be waived because I
did not receive the original.

Thank you
Carol King