

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96016

1. Entity Name

TRAVEL FACILITATORS, INC.

Principal Place of Business

14176 U. S. 19 NORTH
HUDSON FL 34667

Mailing Address

14176 U. S. 19 NORTH
HUDSON FL 34667

2. Principal Place of Business

10730 US 19 NORTH

Suite, Apt. #, etc.

#3

City & State

PORT RICHEY FL

Zip

34668

Country

USA

3. Mailing Address

4550 BAY BLVD #

Suite, Apt. #, etc.

1222

City & State

PORT RICHEY FL

Zip

34668

Country

USA

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90050 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3023974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLEN, WILLIAM A.
4550 BAY BLVD, SUITE 1222
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

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, 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MULLEN, WILLIAM A.	
STREET ADDRESS	4550 BAY BLVD UNIT 1222	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MULLEN, LISA J.F.C.	
STREET ADDRESS	4550 BAY BLVD UNIT 1222	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

William A. Mullen **WILLIAM A. MULLEN** Pres 3/26/00 727 848 1848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD00021 (0/000)