

FROM : SUNCOAST

FAX NO. : 17278168880

Jul. 03 2001 09:24AM P4

page 1 of 2

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L96016

1. Entity Name  
**TRAVEL FACILITATORS, INC.**

FILED

01 JUN 28 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10730 US 19 NORTH  
PORT RICHEY FL 34668  
US

Mailing Address  
4550 BAY BLVD  
1222  
PORT RICHEY FL 34668  
US

2. Principal Place of Business

**4550 BAY BLVD**

3. Mailing Address

**4550 BAY BLVD**

Suite, Apt. #, etc.

**1222**

Suite, Apt. #, etc.

**1222**

City & State

**PORT RICHEY FL**

City & State

**PORT RICHEY FL**

4. FEI Number **59-3023974**

Applied For

Not Applicable

Zip

**34668**

Country

**PASCO**

Zip

**34668**

Country

**PASCO**

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

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

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

*William A. Mullen* **WILLIAM A. MULLEN**

**6/13/01**

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reappointing)

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 \$350.00  
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	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>MULLEN, WILLIAM A.</b>	
STREET ADDRESS	<b>4550 BAY BLVD UNIT 1222</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>MULLEN, LISA J.F.C.</b>	
STREET ADDRESS	<b>4550 BAY BLVD UNIT 1222</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		
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)(f), 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William A. Mullen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/13/01**

**727-815-8868**

Date

Daytime Phone #

CR2E034 (10/00)

Page 2 of 2

**TRAVEL FACILITATORS, INC. 509-479-5541 FAX**  
**XING XING TRAVEL DIV. 727-815-8868**  
**4550 BAY BLVD, #1222**  
**PORT RICHEY, FL. 34668**

Via Fax to 850-847-6017  
July 2, 2001

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl. 32314

Attn: Tyrone

Re: Uniform Business Report  
Document #L96016

Gentlemen:

This letter expands upon and amplifies the explanation given in my June 13<sup>th</sup> letter explaining the delay in filing the referenced document.

The Mullen's were out of the country in both January and February as a consequence of the terminal illness of the mother of Mrs. Mullen. Her mother died of cancer.

During a second trip out of the town, in our absence, our condo was flooded due to a water hose becoming disconnected from its terminal. While cleaning up the water soaked mess, the forms for filing were discovered in a box, as related in my earlier letter, and which mail had become water damaged. We were able to promptly file the returns as the forms were not damaged. The forms packet carried no postmark for the day of mailing.

It would be most appreciative if the Department would waive the \$400.00 penalty for late filing as the exigencies of the treatment of Mrs. Mullen for her own illness, her mothers illness and death and the unexpected Disaster of a flooded home left little room for other priorities.

The Department has apparently already accepted the return filed as the check in payment of the \$150.00 fee has been cashed.

Respectfully,

Travel Facilitators, Inc.

*William A. Mullen*  
William A. Mullen