2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M68477 DOCUMENT

1. Entity Name

B & I TRAVEL, INC.

Principal Place of Business

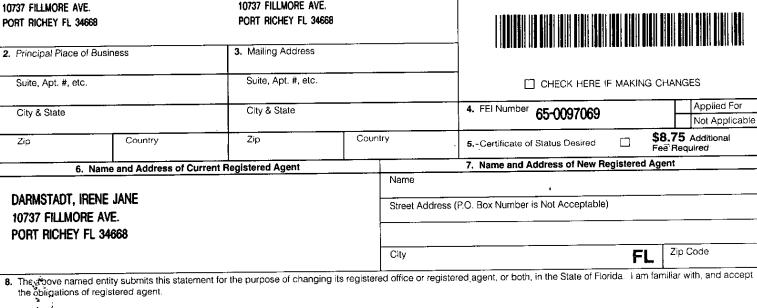
% irene jane darmstadt



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90044 020 ***150.00

Mailing Address % IRENE JANE DARMSTADT 10737 FILLMORE AVE. PORT RICHEY FL 34668	



1, (
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00		lection Campaign Financing rust Fund Contribution.	\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition TITLE ☐ Delete TITLE DARMSTADT, IRENE JANE NAME NAME 10737 FILLMORE AVE. STREET ADDRESS STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DARMSTADT, WILLIAM E. NAME NAME STREET ADDRESS 10737 FILLMORE AVE. STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 chapter in the composition of the corporation of the c changed, or on an attachme

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

Change

☐ Addition