

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M74961

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: GROUP TRAVEL SPECIALISTS, INC.

Current Principal Place of Business:

600 THACKER AVENUE-SUITE C20
KISSIMMEE, FL 34741

New Principal Place of Business:

204 W. OAK STREET
KISSIMMEE, FL 34741

Current Mailing Address:

600 THACKER AVENUE-SUITE C20
KISSIMMEE, FL 34741

New Mailing Address:

P.O. BOX 420908
KISSIMMEE, FL 34742

FEI Number: 59-2880213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COAMEY, PATRICIA ANN
1825 FOXHLL COURT
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

COAMEY, PATRICIA ANN
1825 FOXHALL COURT
KISSIMMEE, FL 34741 US

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: PATRICIA ANN COAMEY, PRESIDENT

04/22/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COAMEY, PATRICIA ANN,
Address: 1825 FOXHALL CT.
City-St-Zip: KISSIMMEE, FL 34741

Title: ST () Delete
Name: COAMEY, PATRICIA ANN,
Address: 1825 FOXHALL CT.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ANN COAMEY

PD

04/22/2002

Electronic Signature of Signing Officer or Director

Date