

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M96502**

1. Entity Name

SALES AND MARKETING OF RETAIL TRAVEL, INC.

Principal Place of Business

Mailing Address

C/O JAMES F. WACKSMAN
3380 CAPITAL CIRCLE NE. STE 2
TALLAHASSEE FL 32308C/O JAMES F. WACKSMAN
3380 CAPITAL CIRCLE NE. STE 2
TALLAHASSEE FL 32308-3710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2908806**

Applied For

Not Applicable

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

WACKSMAN, JAMES F.
3380 CAPITAL CIRCLE, N.E.
SUITE 2
TALLAHASSEE FL 32308

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WACKSMAN, JAMES F.	3380 CAPITAL CIR NE #2	TALLAHASSEE FL	
C	KEEN, J. VELMA, II	504 SWEETWATER CLUB CIR.	LONGWOOD FL	
ST	MILLER, M. LANCE	302 3RD ST #1	NEPTUNE BCH. FL	
V	FRANCHESCHI, LEE ANN	2909 IVANHOE RD.	TALLAHASSEE FL	
D	WACKSMAN, CATHY	2644 STONEGATE WAY	TALLAHASSEE FL	
D	KEEN, SHARON	504 SWEETWATER CLUB CIR	LONGWOOD FL	

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90452 024 ***150.00

649420

DO NOT WRITE IN THIS SPACE

Tim Wacksman
SIGNATURE REQUIRED

4/21/00 850 385-3366