

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90133 006 \*\*\*150.00

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**DOCUMENT # M96502**

1. Entity Name

**SALES AND MARKETING OF RETAIL TRAVEL, INC.**



Principal Place of Business  
**C/O JAMES F. WACKSMAN**  
**3380 CAPITAL CIRCLE NE. STE 2**  
**TALLAHASSEE FL 32308**

Mailing Address  
**C/O JAMES F. WACKSMAN**  
**3380 CAPITAL CIRCLE NE. STE 2**  
**TALLAHASSEE FL 32308**

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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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without, like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/03**

CR2E034 (10/02)