FILED May 05, 2003 8:00 am & Secretary of State

05-05-2003 90140 045 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P00000026467

1. Entity Name TRAVEL & TIMBER, INC.

Principal Place of Business 9960 TREASURE CAY LANE

Mailing Address 9960 TREASURE CAY LANE

Principal Place of Business		3. Mailing Address		
City & State		City & State		
Zip	Country	Zip	Country	-
	. Name and Address of Cu	rrent Registered Agent		

COGOCOUL



	CHECK HERE I	F MAKII	NG CHANGES	
lumber	59-3632265		Applied For	
33 0002203			Not Applicable	
licate of Status Desired			\$8.75 Additional Fee Required	

PRACTICE MANAGEMENT CONSULTANTS, INC. 10661 N AIRPORT RD, #16 NAPLES FL 34109

Street Address (P.O. Box Number is Not Associtable)

4. FEI N

5. Certi

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of required agent. SIGNATURE Signature, typed or printed flame of registered agent and title if an (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

CITY-ST-ZIP

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution. Make Check Payable to Florida Department of State SFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Addition Delete CUNNINGHAM, LARAINE NAME NAME 9960 TREASURE CAY LANE STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE CUNNINGHAM, FREDERICK H III NAME 9960 TREASURE CAY LANE STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 sport as required by Chapter 607, Florida Statutes; and that my name appears in 30ck 10 or Block 11 changed, or on an attachment

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SIGNATURE!