

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90308 010 ***150.00

DOCUMENT # P00000026621



1. Entity Name
GOTTA GO TRAVEL AGENCY, INC.

Principal Place of Business
**2536 TANGERINE ST NE
PALM BAY FL 32905**

Mailing Address
**POST OFFICE BOX 60399
PALM BAY FL 32906-0399**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
City & State

4. FEI Number **59-3631785** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
Name **FRAN FERRANTELLI**
Street Address (P.O. Box Number is Not Acceptable) **2536 Tangerine St. NE**
Palm Bay, FL 32905

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]* DATE **1/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Addition
NAME	LIND, ANGELEQUE		NAME		
STREET ADDRESS	2117 VISTA OAKS CIRCLE NORTHEAST		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Addition
NAME	FERRANTELLI, FRANCES		NAME		
STREET ADDRESS	2536 TANGERINE ST NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

Lamisil Tablets
(terbinafine HCl tablets) 250mg.

Please be advised that Angeleque Lind be removed as president completely. Please contact me @ 321 722 0777 if needed.

-LMT-7007

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 all other duly empowered.

SIGNATURE: *[Signature]* **REQUIRED** **1/14/03** **321 722 0777**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)