

2001 UNIFORM BUSINESS REPORT (UBR)

5/7/1

FILED
May 30, 2001 8:00 am
Secretary of State

05-07-2001 90009 022 ***150.00

DOCUMENT # P00000034445

1. Entity Name
B & R INT'L TRAVEL SERVICES INC.

Principal Place of Business P.O. BOX 1433 2714 9TH ST W. LEHIGH ACRES FL 33970	Mailing Address P.O. BOX 1433 2714 9TH ST W. LEHIGH ACRES FL 33970
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2514 9th St. W	3. Mailing Address P.O. Box 1433
Suite, Apt. #, etc. -	Suite, Apt. #, etc. -

City & State Lehigh Acres, FL	City & State Lehigh Acres, FL
Zip 33970	Zip 33971
Country Lee	Country Lee

4. FEI Number 65-1027329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARNES, PATRICIA MAIL TO
 2714 9TH ST W./ P.O. BOX 1284
 LEHIGH ACRES FL 33970**

7. Name and Address of New Registered Agent

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 *Patricia Barnes* 2/21/01
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Joe Barnes PO BOX 1284/2714 9th St. W. Lehigh Acres, FL 33970	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Sec PATRICIA BARNES P.O. Box 1284/2714 9th St. W. Lehigh Acres, FL 33970	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Patricia Barnes* 2-21-01 (941) 368-2579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)