FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am Secretary of State P00000057616 DOCUMENT # 1. Entity Name 05-08-2002 90117 023 ***150.00 CARGORESERVATIONS.COM, INC. Principal Place of Business Mailing Address 6250 HAZELTINE NATIONAL DRIVE 6250 HAZELTINE NATIONAL DRIVE ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3658268 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GOLDER, GEORGE A ESQ** Street Address (P.O. Box Number is Not Acceptable) 6200 HAZELTINE NATIONAL DRIVE ORLANDO FL 32822 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition FOX, PETER F NAME NAMÉ 6200 HAZELTINE NATIONAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME HUNTER, TODD A NAME STREET ADDRESS 6200 HAZELTINE NATIONAL DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition SPELLING CORRECTION NAME~ GOLDSD, GEORGE A-NAME GOLDER, STREET ADDRESS STREET ADDRESS 6200 HAZELTINE NATIONAL DRIVE CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 end of the proportion of the corporation of the corporation of the receiver of the proportion of the corporation of the receiver of the proportion of the corporation of the receiver of the proportion of t

SIGNATURE:

changed, or on an attachment with a

GEOLGE A GOLDER