

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90485 005 ***150.00

DOCUMENT # P00000074551

1. Entity Name

1 TRAVEL NETWORK, INC.

Principal Place of Business

**7831 ST GILRES PLACE
ORLANDO FL 32835**

Mailing Address

**7831 ST GILRES PLACE
ORLANDO FL 32835**

2. Principal Place of Business

2255 N. Beach Road

3. Mailing Address

2255 N. Beach Road

Suite, Apt. #, etc.

Unit # 5

Suite, Apt. #, etc.

Unit # 5

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

USA

Zip

34223

Country

USA

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3660421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BULLER, DARCIE

**7831 ST GILRES PLACE
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name

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

2255 N. Beach Road, Unit # 5

City

Englewood

FL

Zip Code

34223

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

Darcie Buller, Darcie Buller, President 4/9/2002

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, 2002 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 | D | <input type="checkbox"/> Delete |
| NAME | BULLER, DARCIE | |
| STREET ADDRESS | 7831 ST GILRES PLACE | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRONER, JONATHON | |
| STREET ADDRESS | 7831 ST GILRES PLACE | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------------|------------------------------------------------------------------------------|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2255 N. Beach Road, UNIT # 5 | |
| CITY-ST-ZIP | Englewood, FL 34223 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2255 N. Beach Road, UNIT # 5 | |
| CITY-ST-ZIP | Englewood, FL 34223 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 all other like empowered.

SIGNATURE: Darcie Buller, Darcie Buller, President 4/9/2002 407-390-9636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)