

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 04-11-2001 90115 019 ***150.00

DOCUMENT # P00000077346
 1. Entity Name
TRAVELWIZE.COM, INC.

Principal Place of Business
8810 ASTRONAUT BLVD.
PORT CANAVERAL FL 32920

Mailing Address
8810 ASTRONAUT BLVD.
PORT CANAVERAL FL 32920

2. Principal Place of Business
8810 ASTRONAUT BLVD
 Suite, Apt. #, etc.
#124 Suite

3. Mailing Address
8570 Commerce Ave.
 Suite, Apt. #, etc.
#206

City & State
CAPE CANAVERAL, FL

City & State
CAPE CANAVERAL, FL

Zip
32920

Country
BREVARD

Zip
32920

Country
BREVARD

4. FEI Number
59-3681056

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCCOOL, MARK-
8810 ASTRONAUT BLVD.
PORT CANAVERAL FL 32920

7. Name and Address of New Registered Agent
 Name
MARK MCCOOL
 Street Address (P.O. Box Number is Not Acceptable)
8570 COMMERCE AVE #206
 City
CAPE CANAVERAL FL Zip Code
32920

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 _____ (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 MARK T. MCCOOL 8570 COMMERCE AVE #206 CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| 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 |
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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: **Mark T. McCool** **4-9-01 321-784-1316**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)