

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084087

1. Entity Name
SMARTTRAVELER.COM, INC.

Principal Place of Business

441 S SR 7 STE 12
MARGATE FL 33068

Mailing Address

441 S SR 7 STE 12
MARGATE FL 33068

2. Principal Place of Business

5944 Coral Ridge Dr #211
Coral Springs FL 33076

3. Mailing Address

5944 Coral Ridge Dr #211
Coral Springs FL 33076

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90059 038 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1089946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, JEROME L
5820 SURREY CIRCLE EAST
DAVIE FL 33331

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME COLOYAN, PETER
STREET ADDRESS 441 S SR 7 STE 12
CITY-ST-ZIP MARGATE FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME COLOYAN, PETER
STREET ADDRESS 5944 WILES RD #211
CITY-ST-ZIP CORAL SPRINGS, FL 33076

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter E Coloyan 9/1/01 954-796-8501

Date

Daytime Phone #

014786 SP

CR2E034 (5/01)