FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 4:40

FORM BUSINESS REL SRT (UBR)

DOCUMENT # P00000116846

Travel Meals, Inc.

Florida

PO Box 2024
Palm Beach, FL 33480

Florida

PO Box 2024

DO NOT WRITE IN THIS SPACE

City & State: Palm Beach, FL

City & State: Palm Beach, FL

4. FEI Number: 65-1067791

33480 | USA | 33480 | USA

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

Name and Address of Current Registered Agent

Jeffrey Hoden Fonseca, Esq.
Northbridge Centre
515 North Flagler Dr.,Suite 300 Pavillion
West Palm Beach, FL 33401

Name and Address of New Registered Agent

Name

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

City FL Zip Code

6. 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 of new registered agent, if changing) DATE

9. The 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: President NAME: Angela Giguere STREET ADDRESS: PO Box 2024 CITY-ST-ZIP: Palm Beach, FL 33480 ☐ Delete	TITLE: Secretary NAME: Angela Giguere STREET ADDRESS: PO Box 2024 CITY-ST-ZIP: Palm Beach, FL 33480 ☐ Change ☐ Add
TITLE: Treasurer NAME: Angela Giguere STREET ADDRESS: PO Box 2024 CITY-ST-ZIP: Palm Beach, FL 33480 ☐ Delete	☐ Change ☐ Add 700004672147--1 -11/08/01--01011--018 ****558.75 ☐ Change ****558.75
☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add

CR2E604 (1/00)

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 above, 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 DATE