

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91293 050 ***150.00

DOCUMENT # P00000116898

1. Entity Name

TRAVELMEALS Inc.



DO NOT WRITE IN THIS SPACE

11023701

2. Principal Place of Business

213 Park Ave

3. Mailing Address

109 Bellevue Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach FL

City & State

Newport RI

4. FEI Number

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

02840

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Angela Giguere

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

City

213 Park Ave

Palm Beach FL

Zip Code

33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Angela Giguere

President-CEO

4-23-03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: Angela Giguere
NAME: President-CEO
STREET ADDRESS: 213 Park Ave
CITY-ST-ZIP: Palm Beach FL 33480

TITLE: Vice President
NAME: Christine Carrozza
STREET ADDRESS: 109 Bellevue Ave
CITY-ST-ZIP: Newport RI 02840

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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

Daytime Phone #

CR2E034B (12/02)