

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 015 ***150.00

DOCUMENT # P0100000250310

1. Entity Name

Longwood Travel, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1180 Spring Centre S. Blvd

3. Mailing Address

1180 Spring Ctr S Blvd

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

Altamonte Sp. FL

City & State

Altamonte Sp. FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number

59-3703187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sharon L. Sisselsky

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

808 Riverbend Blvd

City

Longwood

FL

Zip Code

32779

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

Sharon L. Sisselsky

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$87.25

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	<u>P Sharon L. Sisselsky</u>
NAME	<u>808 Riverbend Blvd</u>
STREET ADDRESS	<u>Longwood, FL 32779</u>
CITY-ST-ZIP	
TITLE	<u>VP-G Lee Sisselsky</u>
NAME	<u>808 Riverbend Blvd</u>
STREET ADDRESS	<u>Longwood, FL 32779</u>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon L. Sisselsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

DATE

407 869688

Daytime Phone #

CR2E034B (12/01)