

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-13-2002 90343 001 ***150.00
 02-13-2002 90343 002 *****8.75

DOCUMENT # P01000042789

1. Entity Name

AMERICA'S TRAVEL NETWORK, INC.

Principal Place of Business

PO BOX 3684
 ST. AUGUSTINE FL 32085

Mailing Address

PO BOX 3684
 ST. AUGUSTINE FL 32085

2. Principal Place of Business

9179 June Lane
 Suite, Apt. #, etc.

3. Mailing Address

9179 June Lane
 Suite, Apt. #, etc.

City & State

St Augustine, FL

City & State

St Augustine, FL

4. FEI Number

59-3726821

Applied For

Not Applicable

Zip

32080

Country

St Johns

Zip

32080

Country

St Johns

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEIGER, JOHN R ESQ
 4475 US 1, S., #408
 ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

59-3726821
 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)

X

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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: President
 NAME: Roy Ostapko
 STREET ADDRESS: 9179 June Lane
 CITY-ST-ZIP: St Augustine, FL 32080

TITLE: Vice President
 NAME: Laura Ostapko
 STREET ADDRESS: 9179 June Lane
 CITY-ST-ZIP: St Augustine, FL 32080

TITLE:
 NAME:
 STREET ADDRESS:
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 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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:

Laura Ostapko U.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (984)
 461-5074
 Date Daytime Phone #

CR2E034 (9/01)