

5/1/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-01-2002 91489 008 ***150.00

DOCUMENT # P01000056837

1. Entity Name

PAT FAIRWEATHER TRAVEL, INC.

Principal Place of Business

4910 WELLBROOK DR
NEW PORT RICHEY FL 34653

Mailing Address

4910 WELLBROOK DR
NEW PORT RICHEY FL 34653

2. Principal Place of Business

4910 WELLBROOK DR

Suite, Apt. #, etc.

3. Mailing Address

4910 WELLBROOK DR

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip

34653

Country

U.S.A.

Zip

34653

Country

U.S.A.

4. FEI Number

39-3726554

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRWEATHER, PATRICIA H

4910 WELLBROOK DR

NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name PATRICIA FAIRWEATHER

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

4910 WELLBROOK DRIVE

NEW PORT RICHEY

FL

34653

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 fee 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 \$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** ☐ Delete
 NAME **PATRICIA FAIRWEATHER**
 STREET ADDRESS **4910 WELLBROOK DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2002 **376-6003**

Date

Daytime Phone #

CR2034 (9/01)