

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91061 024 ***150.00

DOCUMENT # P01000061773

1. Entity Name

TRAVEL-ASCENDING, INC.



Principal Place of Business

**2791 NEATON CT.
WELLINGTON FL 33414
US**

Mailing Address

**2791 NEATON CT.
WELLINGTON FL 33414
US**

2. Principal Place of Business

**16367 92ND LANE N.
Suite, Apt. #, etc.**

3. Mailing Address

**16367 92ND LANE N.
Suite, Apt. #, etc.**

City & State

LOXAHATCHEE FL

City & State

LOXAHATCHEE FL

4. FEI Number

65-1116277

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33470

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REESE, DONALD J
4781 PURDUE DRIVE
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name

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

16367 92ND LANE N.

City

LOXAHATCHEE

FL

Zip Code

33470

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

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

DONALD J. REESE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3/14/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **REESE, DONALD J**
STREET ADDRESS **4781 PURDUE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VD** ☐ Delete
NAME **REESE, DAVID J**
STREET ADDRESS **91 1/2 BREESE ST**
CITY-ST-ZIP **WYOMING PA 18644**

TITLE **S** ☐ Delete
NAME **SALVO, TINA M**
STREET ADDRESS **128 PINE ST**
CITY-ST-ZIP **PITTSBURGH PA 15222**

TITLE **T** ☐ Delete
NAME **REESE, CHERIE L**
STREET ADDRESS **4781 PURDUE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16367 92ND LANE N.**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16367 92ND LANE N.**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF DONALD J. REESE

Date

3/14/03

Daytime Phone #

561-791-8642

CR2E034 (10/02)