

# 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

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**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.**

CHECK HERE IF MAKING CHANGES

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 **DONALD J. REESE PRESIDENT** **3/14/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD REESE, DONALD J 4781 PURDUE DRIVE BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16367 92ND LANE N. LOXAHATCHEE, FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD REESE, DAVID J 91 1/2 BREESE ST WYOMING PA 18644</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SALVO, TINA M 128 PINE ST PITTSSTON PA 18640</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T REESE, CHERIE L 4781 PURDUE DRIVE BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16367 92ND LANE N. LOXAHATCHEE, FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DONALD J. REESE** **3/14/03** **561-791-8642**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)