

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91411 044 \*\*\*150.00

0112987 AV

**DOCUMENT # P01000062003**

1. Entity Name  
**TRAVELCOMM INDUSTRIES, INC.**



Principal Place of Business  
**7205 INTERNATIONAL DRIVE  
ORLANDO FL 32819**

Mailing Address  
**5850 LAKEHURST DR STE 150-30  
ORLANDO FL 32819**

**20041256**



2. Principal Place of Business  
**5895 CARRIER DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5895 CARRIER DR.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL**  
Zip  
**32819** Country  
**USA**

City & State  
**Orlando, FL**  
Zip  
**32819** Country  
**USA**

4. FEI Number **59-3727702** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOTOLONGO, PETER A  
550 LAKEHURST DRIVE  
SUITE 280  
ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
Name  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*TREASURER*  
(NOTE: Registered Agent signature required when reinstating)

*3.24.03*  
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                      | <b>P</b> <input type="checkbox"/> Delete             |
| NAME                       | <b>SOTOLONGO, PETER</b>                              |
| STREET ADDRESS             | <b>5850 LAKEHURST DRIVE - SUITE #280</b>             |
| CITY-ST-ZIP                | <b>ORLANDO FL 32819</b>                              |
| TITLE                      | <b>VP</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>MARSHALL, DAN</b>                                 |
| STREET ADDRESS             | <b>5850 LAKEHURST DRIVE - SUITE 280</b>              |
| CITY-ST-ZIP                | <b>ORLANDO FL 32819</b>                              |
| TITLE                      | <b>TS</b> <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>CABALLERO, LIZETTE M</b>                          |
| STREET ADDRESS             | <b>5850 LAKEHURST DRIVE - SUITE 280</b>              |
| CITY-ST-ZIP                | <b>ORLANDO FL 32819</b>                              |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> Delete  |
| NAME                       | <b>SOTOLONGO, RIGOBERTO</b>                          |
| STREET ADDRESS             | <b>5850 LAKEHURST DRIVE - SUITE 280</b>              |
| CITY-ST-ZIP                | <b>ORLANDO FL 32819</b>                              |
| TITLE                      | <input type="checkbox"/> Delete                      |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete                      |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 repeller 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]* **SIGNATURE REQUIRED** *PRESIDENT*

*3.24.03* *407-351-9751*  
Date Daytime Phone #

CR2E034 (10/02)