## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2003 8:00 am Secretary of State

					Secretary	
DOCUMENT # P0 100064080  1. Entity Name					05-02-2003 90746 0	950 ***150.00
CCS Tr	ravel INC		i			
	DO NOT WRIT	re in this	SPAC	E	90123	3301
2. Principal Place of Business 3. Mailing Address 2180 Emperor Dr 1633 E Vine St			,		The state of the s	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		DO NOT WRITE IN THIS SPACE	
·		206	206			
City & State Kissimmee FL		City & State Kissimmee		4. FEI Number 59-3730844	Applied For Not Applicable	
∠ip <b>34744</b>	Country USA	Zíp 34744	Count	ry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			y		7. Name and Address of Current Registered	1 Agent
responsible to the second	BO NOT	ABITE :	ا ع حجت من	Name Lynn.(	CPA Group	
	DO NOT	TO THE STATE OF TH		Street Address (	(P.O. Box Number is Not Acceptable)	
	IN THIS S	SPACE		1633 E Vine	e St ste 206	
				City Kissimmee FL Zip Code 34744		
8. The above	e named entity submits this stateme	ent for the purpose of changing	g its registere		red agent, or both, in the State of Florida, I am f	_ <del></del>
the obligat	ations of registered agent.	Ceallagers and the 8 applicable	POTE: Pegistered	Agent signature required	4-29 d when reintricing) DATE	-03
grave the second	inuary 1 - May 1 - Feo Is \$150.00 - After May 1 - Feo Is \$550.00	) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				
A Committee Committee	Amended UBR is \$61.25 k Payable to Florida Departmen				9. Etection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check 10.	Amended UBR is \$61.25 k Payable to Florida Departmen				, , , , , , , , , , , , , , , , , , , ,	
Make Check 10.	Amended UBR is \$61:25 k Payable to Florida Departmen OFFICERS A	nt of State	MILE	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Trust Fund Contribution.	
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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 on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

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