

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90310 007 \*\*\*150.00

DOCUMENT # P02000001550

1. Entity Name  
TRAVELERS' REQUEST, INC.



Principal Place of Business  
1605 MAIN STREET SUITE 1001  
SARASOTA FL 34236

Mailing Address  
1605 MAIN STREET SUITE 1001  
SARASOTA FL 34236



2. Principal Place of Business

1000 Blvd of the Arts  
Suite, Apt. #, etc.  
Sarasota FL

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

80-0023272

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip

34236

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, ANDREA  
1605 MAIN STREET SUITE 1001  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Romy Etienne  
Street Address (P.O. Box Number is Not Acceptable)  
1000 Blvd. of the Arts  
City Sarasota FL Zip Code 34236

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 Romy Etienne-Viard Romy Etienne-Viard 4-28-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing) 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	D	<input type="checkbox"/> Delete
NAME	ETIENNE-VIARD, ROMY	
STREET ADDRESS	1605 MAIN STREET SUITE 1001	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D, P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETIENNE-VIARD, ROMY	
STREET ADDRESS	1000 Blvd of the Arts Sarasota FL 34236	
CITY-ST-ZIP		
TITLE	AS, AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIARD, JAMES R.	
STREET ADDRESS	1000 Blvd. of the Arts	
CITY-ST-ZIP	Sarasota Florida 34236	
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 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: Romy Etienne-Viard Romy Etienne-Viard 4-28-03 941 952-0519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/02)