

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

03-19-2003 90151 004 ***150.00

DOCUMENT # P02000029357					
1. Entity Name GOLF TRAVEL PROMOTIONS, INC.					
Principal Place of Business 11834 ISLAND LAKES LANE BOCA RATON FL 33498			Mailing Address 11834 ISLAND LAKES LANE BOCA RATON FL 33498		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3671818	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DODRILL, JAMES G III 3360 NW 53RD CIR BOCA RATON FL 33498				7. Name and Address of New Registered Agent Name: <u>Dodrill, James G II</u> Street Address (P.O. Box Number is Not Acceptable): <u>5800 Hamilton Way</u> City: <u>Boca Raton</u> FL <u>33496</u>	
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: <u>James G. Dodrill II</u> <u>James G. Dodrill II</u> <u>3/3/03</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD. Ronald Sawchuk 11834 Island Lakes Lane Boca Raton, FL 33498	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
(Empty row for Officers and Directors)					
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(Empty row for Officers and Directors)					
(Empty row for Officers and Directors)					
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: <u>Ronald Sawchuk</u>			<u>3/13/03</u> <u>561-477-0852</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		

CR2E034 (10/02)