FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2004 8:00 am
Secretary of State
04-28-2004 90163 045 ***150.00

DOCUMENT # P02000034768

1. Entity Name

A & T TRAVEL & TOURS, INC

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66430203

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2. Principal Place of Business	3. Mailing Address
5601 TIMUQUANA RD	5601 TIMUQUANA RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32210 Country: DUVAL	Zip: 32210 Country: DUVAL

4. FEI Number: 32-0095179 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: BELLE B. ALMOJERA, M.D.

Street Address (P.O. Box Number is Not Acceptable): 340 DEVONSHIRE LANE

City: ORANGE PARK, FL Zip Code: 32073

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	BELLE B. ALMOJERA, M.D.
STREET ADDRESS	340 DEVONSHIRE LANE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	SEC./TREASURER
NAME	NOEL R. TORMON
STREET ADDRESS	2052 WATERFOOT LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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.

SIGNATURE: Belle B. Almojera, M.D. 4-14-04 904-771-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #