

2003 FOR PROFIT CORPORATION, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059929

1. Entity Name
TRAVEL PASS, INC.



Principal Place of Business
7409 LAHANA CIRCLE
BOYNTON BEACH FL 33437-7172

Mailing Address
7409 LAHANA CIRCLE
BOYNTON BEACH FL 33437-7172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 17 AM 8:00

REINSTATEMENT 03-04



☐ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number
11-3454253

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSHELL, KAREN
7409 LAHANA CIRCLE
BOYNTON BEACH FL 33437-7172

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
KAREN BUSHELL
7409 Lahana Circle
Boynton Beach FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec. Treas.
KAREN BUSHELL
7409 Lahana Circle
Boynton Beach FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
300029812203
03/03/04--01046--008 **300.00

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TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/04 561-737-2991

Date

Daytime Phone #

0410223 AV

CR2E034 (10/02)

292

TravelPass
7409 Lahana Circle
Boynton Beach, Florida 33437
561-737-2991 561-737-6951 fax
travelpass@aol.com

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

3/11/2004

To Whom It May Concern:

Please be advised that I never received the original or second notices any further notices referring to the 2003 corporate registration UBR forms.

Please reinstate the corporation and accept check in your system for \$300.00, for 2003 and 2004 filings.

I await your response so that I may be assured that all filings are in order.

Thank you very much for your cooperation in this matter.

Sincerely yours,



Karen Bushell
President
TravelPass, Inc