

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90055 044 ***150.00

DOCUMENT # P02000071399

1. Entity Name
TRIPMASTERS, INC.



Principal Place of Business
**309 SOUTH MAIN ST.
BROOKSVILLE FL 34601**

Mailing Address
**P.O. BOX 10191
BROOKSVILLE FL 34603**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

11418 Topaz St
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill FL

Zip **34608**

Country **USA**

Zip

Country

4. FEI Number

72-1529548

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name **Pamela R. McIlhenny, CPA**

Street Address (P.O. Box Number is Not Acceptable)
309 S. MAIN ST

City **BROOKSVILLE**

FL

Zip Code **34601**

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 **Pamela R. McIlhenny**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/3/03**

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 **PSTD**
NAME **BELLAMY, MARK E** ☐ Delete
STREET ADDRESS **309 SOUTH MAIN ST.**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Mark E. Bellamy**
STREET ADDRESS **11418 Topaz St.**
CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Mark E. Bellamy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 352-650-5794
Date Daytime Phone #

CR2E034 (10/02)