

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/2/2003-90734-044-\$150.00-\$150.00

004574 AV

DOCUMENT # P02000080077



1. Entity Name
UNIVERSITY LUXURY TRAVEL INC.

Principal Place of Business
2150 E. PARK AVE.
TALLAHASSEE FL 32301

Mailing Address
2150 E. PARK AVE.
TALLAHASSEE FL 32301

03 JUN 11 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1350 E. E-4 Tennessee St. same

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
327

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. FEI Number
22-3871855

Applied For
Not Applicable

Zip
32308

Country

Zip

Country

5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, TARA L
2150 E. PARK AVE.
TALLAHASSEE FL 32301

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
President/CEO
Tara Hall
2150 E. Park Ave
Tallahassee, FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Attached

May 1, 2003 850-321-3178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)