

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0019084
AV

DOCUMENT # **P02000081989**

1. Entity Name
WHERE THE LOCALS GO.COM, INC.



FILED

03 OCT 31 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business **695 B**
~~670 N. COURTENAY PARKWAY~~
~~SUITE G~~ **S. COURTENAY PKWY**
MERRITT ISLAND FL 32952

Mailing Address
670 N. COURTENAY PARKWAY
SUITE G
MERRITT ISLAND FL 32953

2. Principal Place of Business
MERRITT ISLAND, FL
Suite, Apt. #, etc.
695 B S. COURTENAY PKWY
City & State
MERRITT ISLAND FL

3. Mailing Address
SAME AS RECEIVED
Suite, Apt. #, etc.
City & State

Zip
32952 Country
USA

Zip
Country

4. FEI Number
11-3643474 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALEGUAS, SALVADOR JR.
~~670 N. COURTENAY PARKWAY~~ **695 B S. COURTENAY PKWY**
~~SUITE G~~
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name **SALVADOR ALEGUAS JR**
Street Address (P.O. Box Number is Not Acceptable)
695 B S. COURTENAY PKWY
City **MERRITT ISLAND FL** Zip Code **32952**

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 **Salvador Aleguas Jr** DATE **10/28/03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME SALVADOR ALEGUAS JR	
STREET ADDRESS 695 B S. COURTENAY PKWY	
CITY-ST-ZIP MERRITT ISLAND FL 32952	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000024338750
10/31/03--01081--020 **750.00

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: **Salvador Aleguas Jr** DATE **10/28/03** 321 452-3212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)