

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90097 009 ***150.00

001502 AV

DOCUMENT # P02000119824

1. Entity Name
FUN 2 GO INC.



Principal Place of Business
**652 FELLOWSHIP DRIVE
FERN PARK FL 32730**

Mailing Address
**652 FELLOWSHIP DRIVE
FERN PARK FL 32730**

22004342



2. Principal Place of Business

840 LAURA STREET

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

CASSELBERRY, FL

Zip

Country

USA

Zip

Country

4. FEI Number

05-0538408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALLEN, TRAVIS W
652 FELLOWSHIP DRIVE
FERN PARK FL 32730**

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **TRAVIS W. ALLEN**

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-03

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

TITLE **D/P/T** ☐ Delete
NAME **ALLEN, TRAVIS W**
STREET ADDRESS **652 FELLOWSHIP DRIVE**
CITY-ST-ZIP **FERN PARK FL 32730**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D/V.P./SEC** ☐ Change ☒ Addition
NAME **HOHMANN, ANTHONY**
STREET ADDRESS **658 NORTH SHORE CIR**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **D** ☐ Change ☒ Addition
NAME **HOHMANN, CAROLYN**
STREET ADDRESS **658 NORTH SHORE CIR**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **D** ☐ Change ☒ Addition
NAME **HOHMANN, CURRAN**
STREET ADDRESS **652 FELLOWSHIP DR**
CITY-ST-ZIP **FERN PARK, FL 32730**

TITLE **D** ☐ Change ☒ Addition
NAME **ALLEN, SEAN**
STREET ADDRESS **658 NORTH SHORE CIR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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: **ANTHONY E. HOHMANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-03 3212821070

Date

Daytime Phone #

CR2E034 (10/02)