

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000534

1. Entity Name

APPLAUSE TRAVEL SERVICES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90067 014 ***150.00

Principal Place of Business

1851 JUANITA CT.
CLEARWATER FL 33764

Mailing Address

1851 JUANITA CT.
CLEARWATER FL 33764-6619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0366321**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KREUZIGER, PETER W
148 MARINA PLAZA
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name **LAURA C. GOODMAN**
Street Address (P.O. Box Number is Not Acceptable)
1851 JUANITA COURT
City **CLEARWATER** FL Zip Code **33764**

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.

SIGNATURE **LAURA C. GOODMAN** **2-10-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KREUZIGER, PETER W
STREET ADDRESS	148 MARINA PLAZA
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RIEDL, KARL H
STREET ADDRESS	148 MARINA PLAZA
CITY-ST-ZIP	DUNEDIN FL 34698
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA C. GOODMAN
STREET ADDRESS	1851 JUANITA CT
CITY-ST-ZIP	CL, FL 33764
TITLE	D VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER JAMES GOODMAN
STREET ADDRESS	1851 JUANITA COURT
CITY-ST-ZIP	CL, FL 33764
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WALTER J. GOODMAN** **2-10-00** **727-538-8998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)