

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90077 001 ***550.00

DOCUMENT # P92000003482

1. Entity Name

ABOVE AND BEYOND TRAVEL AGENCY, INC.

Principal Place of Business

**50 HWY 64 WEST
 HAYESVILLE NC 28904
 US**

Mailing Address

**16969 NW 67TH AVENUE, SUITE #205
 MIAMI FL 33015
 US**

2. Principal Place of Business

165 HWY 64 WEST

Suite, Apt. #, etc.

SUITE #2

City & State

HAYESVILLE, NC

Zip

28904

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3150176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BROWN, MARSHALL
 121 BUTTONWOOD CIR.
 LARGO FL 33777**

7. Name and Address of New Registered Agent

Name

DIANE CASCA

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

2330 SOUTHLAND ROAD

MT DORA, FL 32757

City

MT DORA

FL

Zip Code

32757

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 **DIANE CASCA SECRETARY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/14/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **S** ☐ Delete
 NAME **CASCA, DIANE**
 STREET ADDRESS **1603 FAHN STOCK ST.**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **P** ☐ Delete
 NAME **BROWN, COLLETTE P**
 STREET ADDRESS **121 BUTTONWOOD CIRCLE**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Change ☐ Addition
 NAME **CASCA, DIANE**
 STREET ADDRESS **2330 SOUTHLAND ROAD**
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE **P** ☒ Change ☐ Addition
 NAME **BROWN, COLLETTE P**
 STREET ADDRESS **2330 SOUTHLAND ROAD**
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **C** ☐ Change ☒ Addition
 NAME **MILLER, KAREN**
 STREET ADDRESS **4040 NE DIXIE HWY**
 CITY-ST-ZIP **PALM BAY FL 32905**

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

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

TITLE ☐ Change ☐ 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: **COLLETTE P BROWN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01

Date

828-389-3357

Daytime Phone #

CR2E034 (5/01)