

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000003482

1. Entity Name
ABOVE AND BEYOND TRAVEL AGENCY, INC.

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

08-20-2001 90077 001 ***550.00

Principal Place of Business
50 HWY 64 WEST
HAYESVILLE NC 28904
US

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

DU001103



2. Principal Place of Business
165 HWY 64 WEST
Suite, Apt. #, etc.
SUITE #2

3. Mailing Address
Suite, Apt. #, etc.

City & State
HAYESVILLE, NC

Zip **28904** Country **US**

DO NOT WRITE IN THIS SPACE

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

City **MT DORA, FL 32757**

Zip Code **FL 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.)

Diane Casca 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASCA, DIANE 1603 FAHN STOCK ST. EUSTIS FL 32726	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASCA, DIANE 2330 SOUTHLAND ROAD MT DORA FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, COLLETTE P 121 BUTTONWOOD CIRCLE LARGO FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, COLLETTE P 2330 SOUTHLAND ROAD MT. DORA FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MILLER, KAREN 4040 NE DIXIE HWY PALM BAY FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

8/14/01 828-389-3357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #