

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90144 039 ***550.00

0023169 AV

DOCUMENT # P92000003482

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



Principal Place of Business
165 HWY 64 WEST
STE #2
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

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

City & State

Hayesville, N.C.

Zip

Country

Zip

Country

28904

U.S.A.

4. FEI Number **59-3150176**

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

7. Name and Address of New Registered Agent

CASCA, DIANE
2330 SOUTHLAND ROAD
MOUNT DORA FL 32757

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **CASCA, DIANE**
STREET ADDRESS **2330 SOUTHLAND ROAD**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **S** ☒ Change ☐ Addition
NAME **CASCA, DIANE**
STREET ADDRESS **9217 S. Atlantic Ave. Unit 201**
CITY-ST-ZIP **Dayton Beach Shores, FL 32118**

TITLE **P** ☐ Delete
NAME **BROWN, COLLETTE P**
STREET ADDRESS **2330 SOUTHLAND ROAD**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **P** ☐ Change ☐ Addition
NAME **Brown, Collette P.**
STREET ADDRESS **9217 S. Atlantic Ave., Unit 201**
CITY-ST-ZIP **Dayton Beach Shores, FL 32118**

TITLE **C** ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Collette P. Brown 9/3/03 828-389-3357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)