

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90161 004 ***150.00

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 AV

DOCUMENT # P93000023895

1. Entity Name

STATEWIDE TRAVEL SERVICES, INC.

Principal Place of Business

**124 MIRACLE STRIP PKWY SE
 FT WALTON BEACH FL 32548**

Mailing Address

**124 MIRACLE STRIP PKWY SE
 FT WALTON BEACH FL 32548**

2. Principal Place of Business

123 Miracle Strip Pkwy SE
 Suite, Apt. #, etc.

3. Mailing Address

123 Miracle Strip Pkwy SE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ft Walton Bch, FL

City & State
Ft. Walton Bch, FL

Zip
32548

Country
U.S.A.

Zip
32548

Country
U.S.A.

4. FEI Number **59-3176646**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, CYRUS W II
 124 MIRACLE STRIP PKWY SE
 FT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 HARRIS, CYRUS W II
 124 MIRACLE STRIP PKWY SE
 FT WALTON BEACH FL 32548** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 HARRIS, C.W. SR.
 124 MIRACLE STRIP PKWY SE
 FT WALTON BEACH FL** ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-17-02 8502442111

Date

Daytime Phone #

CR2E034 (9/01)