

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025512

1. Entity Name

SPECIAL T TRAVEL SERVICE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90207 016 ***150.00

Principal Place of Business

Mailing Address

529 N. FERN CREEK AVENUE
ORLANDO FL 32803
US

529 N FERN CREEK AVE
ORLANDO FL 32707-3863

2. Principal Place of Business

5050 S. U.S. Hwy 17-92

3. Mailing Address

5050 S. U.S. Hwy 17-92

Suite, Apt. #, etc.

STE 101

Suite, Apt. #, etc.

STE 101

City & State

CASSERBERRY, FL

City & State

CASSERBERRY, FL

Zip

32707

Country

SEMINOLE

Zip

32707

Country

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3181280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDS, J. D

529 N FERN CREEK AV
ORLANDO FL 32803

ADDRESS ONLY ->

7. Name and Address of New Registered Agent

Name

FIELDS, J.D.

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

5050 S. U.S. Hwy 17-92 STE 101

City

CASSERBERRY

FL

Zip Code

32707

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

[Signature]

04.28.00

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 VPD
NAME FIELDS, TRACI L
STREET ADDRESS 529 N FERN CREEK AVE.
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE VPSD
NAME FIELDS, J. D
STREET ADDRESS 529 N. FERN CREEK AVENUE
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE VPT
NAME FIELDS, J. D
STREET ADDRESS 529 N. FERN CREEK AVENUE
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

04.28.00

407.896.8880

CR2E034 (9/99)