## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P93000041654

Title:

Name:

Address:

City-St-Zip:

Entity Name: TRAVEL OPTIONS & ASSOCIATES, INC.

FILED Mar 05, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7605 CONROY WINDMERE ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** PO BOX 1937 WINDERMERE, FL 34786 US FEI Number: 59-3184898 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE YOUNG, LINDA F 1705 WIND HARBOR RD ORLANDO, FL 32809 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DEYOUNG, LINDA Name: Name: 1705 WIND HARBOR RD Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: KELLY, SUE Name: 280 LONGHURST LOOP Address: Address: OCOEE, FL 34761 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition ANDERSON, JANET RENEA Name: Name: 6856 SCYTHE AVE Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN J DEYOUNG T 03/05/2003

() Delete

DEYOUNG, STEPHEN J.

1705 WIND HARBOR RD

ORLANDO, FL 32809

() Change () Addition