407-397-130

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042401 1. Entity Name AMERICAN INTERNATIONAL TRAVEL SERVICES, INC.						FILED				
Principal Place of Projects						00 MAR 21 PM 3: 27				
Principal Place of Business 237 N ORANGE AVENUE SUITE 210 ORLANDO FL 32801 US		Mailing Address 7751 BLACK LAKE ROAD KISSIMMEE FL 34747-1760 US				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS S	PACE		
City & State		City & State	City & State			FEI Number 59-3192164	_		plied For Applicable	
Zip	Country	Zip	Country		5.	Certificate of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Curren	Registered Agent			7. 1	Name and Address of New Re	gistered A	jent		
STANTON, A J JR 37 NOROTH ORANGE AVENUE SUITE 210				Name						
				Street Ad	reet Address (P.O. Box Number is Not Acceptable)					
	NDO FL 32801				FL Zip Code			;		
8. The above	named entity submits this statement f	or the purpose of changing its	registere	ed office or	registered ag	gent, or both, in the State of Flori	da.	•		
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registere	d Agent signatu	re nequired when e	einstating)	DATE		 _	
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Final Trust Fund Contribution.	ncing		May Be to Fees	
11.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUGO, ALFRED 7751 BLACK LAKE RD. KISSIMMEE FL 34747	☐ Delete ,			7550 1	, LEONARD Hinson St. # 13B		Change	XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Delete STANTON, A.J. J 37 NORTH ORANGE AVE., STE 210 ORLANDO FL 32801			E EET ADDRESS -ST-ZIP	Urland	rlando, FL 32819 Change Addition 300031842732 -03/27/0001003024 ****150.00 ****150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERS, JIMMY E. 7751 BLACK LAKE RD. KISSIMMEE FL 34747	☐ Delete					_	☐ Change	Addition	
TITLE ÑÁME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		□ Delete	•				LS.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	ET ADDRESS -ST-ZIP				☐ Change	Addition	
indicated of the cor	ertify that the information supplied will on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that mo sowered to execute this report a	ıv siana:	ture shall ha	ave the same	legal effect as it made under oa	th; that I ar	n an officer (or director	