

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 15, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000064594**

1. Entity Name  
SALTY DOG TRAVEL, INC.

Principal Place of Business  
4601 W KENNEDY BLVD  
SUITE 104  
TAMPA FL 33604 US

Mailing Address  
4601 W KENNEDY BLVD  
SUITE 104  
TAMPA FL 33604 US

2. Principal Place of Business  
4601 W KENNEDY BLVD

3. Mailing Address  
4601 W KENNEDY BLVD

Suite, Apt. #, etc.  
SUITE 104

Suite, Apt. #, etc.  
SUITE 104

City & State  
TAMPA FL

City & State  
TAMPA FL

Zip  
336092549

Country  
US

4. FEI Number  
**59-3201283**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

JEFFRIES C. COLE JR.  
2920 W. EL PRADO BLVD  
SUITE 5  
TAMPA FL 33609 US

## 7. Name and Address of New Registered Agent

Name  
JEFFRIES C. COLE JR.  
Street Address (P.O. Box Number is Not Acceptable)  
4664 BARSDALE DRIVE  
City  
PALM HARBOR FL Zip Code  
346852685

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 \_\_\_\_\_ **04/15/2001**  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDORE EDWARD C 4851 GANDY BLVD (#10 SUNSET DR.) TAMPA FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDORE DEE M 4851 GANDY BLVD #10 SUNSET DR TAMPA FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D O'HARA-JEFFRIES MICHELE A 4664 BARSDALE DRIVE PALM HARBOR FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JEFFRIES C. COLE JR. 4664 BARSDALE DRIVE PALM HARBOR FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** C. Cole Jeffries, Jr.

PSTD 04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)