2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am DOCUMENT # P93000081395 **Secretary of State** 1. Entity Name CORPORATE BUSINESS PASSPORTS, INC. 03-06-2001 90287 022 ***150.00 Principal Place of Business Mailing Address 981 E. FAU GALLIE BLVD. 981 E. EAU GALME BLVD. SUITE B MELBOLIPINE FL 32937 MELBOURNE FL 3293 ADDORES S 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3210206 Not Applicable Zio Country \$8.7,5 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Travel About I Cruin PRINCE, CALVIN W . box Number is Not Acceptable) 981 E EAU GALLIE BLYD SUITE B MELBOURNE FL 32937 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition NAME PRINCE, CALVIN W NAME STREET ADDRESS STREET ADDRESS 981 E. FAU GALLIE BLVD., SUITE B CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32937 TITLE ☐ Detete TITLE ☐ Change Addition NAME PRINCE, BETSY K NAME STREET ADDRESS 984 E. EAU GALLIE BLVD., SUITE B STREET ADDRESS CITY-ST-ZIP" CITY-ST-ZIP MELBOURNE FL 32937 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Travel About / Cruise Quarter TITLE TITI F ☐ Change Addition 2060 No. A1A-#301 NAME NAME INDIAN HARBOUR BEACH, FL 32937 STREET ADDRESS STREET ADDRESS Services (321) **777-7556** 🦠 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 enpowered ess, with all o nent with an add changed, or on an attack her like empowéred.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

☐ Delete

☐ Change

☐ Addition