

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000081431****1. Entity Name**
892 TRAVEL COMPANY, INC.**Principal Place of Business****7001 SKYLANE DRIVE
ORLANDO FL 32819-****Mailing Address****7001 SKYLANE DRIVE
ORLANDO FL 32819-****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3212473

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****DUCKWORTH, CHARLES W
701 SKYLANE DRIVE
ORLANDO FL 32819****7. Name and Address of New Registered Agent**

Name

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

City

FL

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**

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****P** ☐ Delete
DUCKWORTH, CHARLES W
7001 SKYLANE DRIVE
ORLANDO FL**VP** ☐ Delete
DUCKWORTH, PATSY
7001 SKYLANE DRIVE
ORLANDO FL**S** ☐ Delete
DUCKWORTH, CHARLES
7001 SKYLANE DRIVE
ORLANDO FL**T** ☐ Delete
DUCKWORTH, CHARLES
7001 SKYLANE DRIVE
ORLANDO FL☐ Delete

CITY-ST-ZIP☐ Delete

CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP**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 life empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90017 007 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)