

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90157 006 ***150.00

70001390



CHECK HERE IF MAKING CHANGES

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUCKWORTH, CHARLES W 7001 SKYLANE DRIVE ORLANDO FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUCKWORTH, PATSY 7001 SKYLANE DRIVE ORLANDO FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUCKWORTH, CHARLES 7001 SKYLANE DRIVE ORLANDO FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUCKWORTH, CHARLES 7001 SKYLANE DRIVE ORLANDO FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Charles W. Duckworth* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Charles W. Duckworth** Date **1/5/03** Daytime Phone # **407 351 3064**

CR2E034 (10/02)