

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90057 032 \*\*\*150.00

**DOCUMENT # P94000000992**

1. Entity Name  
**EAST - WEST TRAVEL, INC.**



Principal Place of Business  
**40347 US HWY 19 N  
SUITE 121  
TARPON SPRINGS FL 34689**

Mailing Address  
**40347 US HWY 19 N  
SUITE 121  
TARPON SPRINGS FL 34689**

11006868



2. Principal Place of Business  
**940 CURLEW RD.**

3. Mailing Address  
**940 CURLEW RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**DUNEDIN, FL**

City & State  
**DUNEDIN, FL**

4. FEI Number **59-3217053**

Applied For  
Not Applicable

Zip **34698** Country **US**

Zip **34698** Country **US**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SMITH, WALTER E  
1301 FOURTH ST N  
P O BOX 27  
ST PETERSBURG FL 33731**

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHELTON, SUZANNE</b>	
STREET ADDRESS	<b>1108 GULF BLVD. #201</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FABRICAND, LORRAINE</b>	
STREET ADDRESS	<b>3078 SUMNR WAY</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

**SIGNATURE:** *Suzanne Shelton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03 727-738-1639**  
Date Daytime Phone #

CR2E034 (10/02)