FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am Secretary of State P94000003174 DOCUMENT # 1. Entity Name 04-26-2002 90004 004 ***150 00 REMINGTON TRAVEL SERVICES. INC. Principal Place of Business Mailing Address 11936 SEMINOLE BLVD. 6600 SUNSET WAY **LARGO FL 33778** #121 ST PETERSBURG FL 33706 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3217214 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ** BACON, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2929 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME REMINGTON, CARL R STREET ADDRESS STREET ADDRESS 6600 SUNSET WAY CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706 ☐ Addition ☐ Delete TITLE ☐ Change TITLE D NAME NAME REMINGTON, MAEDELL STREET ADDRESS STREET ADDRESS 6600 SUNSET WAY CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706 — ☐ Change → ∴ ☐ Addition ☐ Delete TITLE: TITLE ñ NAME NAME SHARER, LARRY STREET ADDRESS STREET ADDRESS 100 SECOND AVENUE SOUTH #606 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33706 ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. If the proposed in the prop

SIGNATURE:

Carl Remington, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 585-6500